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COUNTY OF THE ISLE OF WIGHT.

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# REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1960.





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## CONSTITUTION OF COMMITTEES

(At 31st December, 1960).

### HEALTH COMMITTEE

(Meets Quarterly)

*Chairman* : Mrs. M. C. Barton

*Vice-Chairman* : Major S. C. Selwyn, M.B.E., E.R.D.

Mr. J. A. Brazier, M.B.E., J.P.  
Mrs. M. Christy  
Mr. G. W. Dorley-Brown  
Major H. N. Giles, B.Sc., B.Eng.  
Lt.-Col. M. D. B. Lister  
Mrs. E. M. McMillan  
Mr. A. G. Moody  
Miss M. O'Connor, O.B.E.

Mr. A. O. Purdy  
Mr. E. E. Ralfs  
Mr. A. H. Rowland

Mr. G. Snow, B.E.M., J.P.—Died 22nd Sept., 1960

Mrs. L. Tilbury  
Mrs. E. Wall  
Capt. H. J. Ward, J.P., D.L.

*Co-Opted Members* :

Mr. S. R. Bird, J.P.  
Mr. J. P. Collins  
Dr. F. R. B. H. Kennedy, M.B.E., J.P. (Nominated by Local Medical Committee)  
Mrs. W. H. Margham, S.R.N., S.C.M. (Nominated by Royal College of Nursing)  
Mrs. M. Woodnutt

### GENERAL PURPOSES SUB-COMMITTEE

(Meets Monthly)

*Chairman* : Mrs. E. Wall

*Vice-Chairman* : Mr. A. H. Rowland

Mrs. M. C. Barton  
Mrs. M. Christy  
Major H. N. Giles, B.Sc., B.Eng.  
Mrs. E. M. McMillan

Mr. A. O. Purdy  
Mr. E. E. Ralfs  
Major S. C. Selwyn, M.B.E.

*Co-opted Members* :

Mr. S. R. Bird, J.P.  
Dr. F. R. B. H. Kennedy, M.B.E., J.P.  
Mrs. W. H. Margham, S.R.N., S.C.M.

### MENTAL HEALTH SUB-COMMITTEE

(Meets Quarterly)

*Chairman* : Mr. J. P. Collins

*Vice-Chairman* : Mrs. L. Tilbury

Mrs. M. C. Barton  
Mr. J. A. Brazier, M.B.E., J.P.  
Lt.-Col. M. D. B. Lister  
Miss M. O'Connor, O.B.E.

Mr. A. O. Purdy  
Mr. E. E. Ralfs  
Major S. C. Selwyn, M.B.E., E.R.D.

Mr. G. Snow, B.E.M., J.P.—Died 22nd Sept., 1960

*Co-opted Members* :

Mr. S. R. Bird, J.P.  
Mrs. M. Woodnutt

## CARE OF THE AGED AND AFTER CARE SUB-COMMITTEE

(Meets Bi-monthly)

*Chairman:* Mrs. M. C. Barton

*Vice-Chairman:* Major S. C. Selwyn, M.B.E., E.R.D.

Mr. J. A. Brazier, M.B.E., J.P.

Mrs. M. Christy

Mrs. E. M. McMillan

Mr. A. G. Moody

Miss M. O'Connor, O.B.E.

Mr. G. Snow, B.E.M., J.P.—Died 22nd Sept., 1960

Mrs. L. Tilbury

Mrs. E. Wall

*Co-opted Members:*

Mrs. M. J. Sinclair

Mr. J. H. Bennett

Mrs. M. Woodnutt

## STAFF OF THE COUNTY HEALTH DEPARTMENT

(At 31st December, 1960)

County Medical Officer and Welfare Officer	...	R. K. Machell, M.B., Ch.B., D.P.H. County Hall, Newport, I.W. Tel. Newport 2261
Deputy County Medical Officer and Medical Officer of Health to various districts	... ..	J. Mills, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H. County Hall, Newport, I.W. Tel. Newport 2261
Senior Medical Officer and Medical Officer of Health to various Districts	... ..	J. D. Russell, M.B., B.S. (Syd.), D.P.H. (Lond.) County Hall, Newport, I.W. Tel. Newport 2261
Senior Medical Officer	... ..	M. Ashley-Miller, M.A., B.M., B.Ch., D. (Obst.), R.C.O.G. (commencing duty 23-1-61). County Hall, Newport, I.W. Tel. Newport 2261
Assistant County Medical Officers	... ..	M. Brodigan, M.B., B.S., D.P.H., D.C.H., D. (Obst.), R.C.O.G. Died 15th January, 1961
		A. Simpson, M.B., Ch.B., D.P.H. (Retired 31-7-60) County Hall, Newport, I.W. Tel. Newport 2261
Chest Physician	... ..	E. F. Laidlaw, M.B., B.Chir.
Senior County Dental Officer	... ..	G. Simons, L.D.S.
Dental Officers	... ..	W. Maden, B.D.S. J. Moore, L.D.S. J. O. Yearby, B.D.S.
County Nursing Officer and Superintendent Health Visitor	... ..	Miss M. A. Gibbons, S.R.N., S.C.M., H.V.
Deputy County Nursing Officer and Non-Medical Supervisor of Midwives	... ..	Miss M. G. Morris, S.R.N., S.C.M., H.V.
Health Visitors—		
Mrs. N. Badwal (a) (b) (c)		
Miss I. E. Butler (a) (b) (c)		
Miss P. Crowder (a) (b) (c)		
Miss G. Elbourn (a) (b) (c) (d) (Tuberculosis)		
Miss E. Gammage (a) (b) (c) (e)		
Mrs. S. C. Hora (a) (b) (c) (e) (Part-time)		
Miss F. Johnson (a) (b) (c)		
Miss D. E. A. Mansbridge (a) (b) (c) (e)		
Miss H. Massey (a) (b) (c) (e)		
Mrs. D. Napper (a) (b) (c)		
Mrs. D. Orchard (a) (b) (c) (Also District Nurse/Midwife)		
Miss B. M. Perry (a) (b) (c) (e)		
Mrs. G. G. Singer (a) (b) (c) (e)		
District Nurse/Midwives—		
Miss S. Abbott (a) (b)		
Mrs. H. Beer (a) (b)		
Miss P. M. Bolger (a) (b) (c)		
Miss L. M. Bown (a) (b) (e)		
Miss E. Bunce (a) (b) (e)		
Mrs. E. M. Cooper (a) (b) (e)		
Miss E. M. Crone (a) (b)		
Miss S. R. Davies (a) (b)		
Miss F. C. Fletcher (a) (b) (e)		
Mrs. H. Grantham (a) (b) (e)		
Miss G. Harrigan (a) (b) (e)		
Mrs. K. Harrington (a) (b)		
Mrs. A. R. Luff (a) (f)		
Mrs. M. H. Maneth (a) (b) (c)		
Mrs. K. L. McKendry (a) (b)		
Miss E. G. Moat (a) (b) (e)		
Mrs. D. Newman (a) (b)		
Miss N. K. Salmon (a) (b) (e)		
Mrs. F. M. B. Timmins (a) (b)		
Mrs. A. Turnock (a) (f)		
Miss E. Watts (a) (b) (e)		
Mrs. J. Welsh (a) (f)		
Mrs. E. Wilcs (a) (b)		

## District Midwives—

Miss Q. Nobbs (a) (b)  
Miss B. Waller (a) (b)

Miss A. Thompson (a) (b) (e)  
Miss M. Treacy (a)

## District Nurses—

Mrs. D. Beddall (b)—Part-time  
Miss I. Davison (b) (e)  
Miss E. Fishwick (a) (b) (e)  
Miss M. Hicks (b)  
Miss I. Hughes (b)

Mrs. G. E. Mackie (a) (b)  
Miss I. E. Shotter (a) (b)  
Miss M. Sibbick (b) (e)  
Miss L. J. Simpson (b)

## Assistant Nurse

{ (a) State Certified Midwife  
{ (b) State Registered Nurse  
{ (c) Health Visitor's Certificate, Royal Sanitary Institute  
{ (d) State Registered Fever Nurse  
{ (e) Queen's Institute District Nurse  
{ (f) State Enrolled Assistant Nurse

Miss I. E. Triggs (f)

Ambulance Officer ... ..

R. F. Sullivan, M.B.E.

W.V.S. Hospital Car Service Secretary ... ..

Miss C. Hind (Resigned 1960)  
Mrs. Floyd

Home Help Organiser ... ..

Mrs. W. Janion

Adviser in Mental Health ... ..

C. Davies-Jones, M.B., Ch.B.

Senior Mental Welfare and Social Welfare Officer ...

E. Bowley, F.I.S.W.

Mental Welfare and Social Welfare Officers ...

G. Gould, A.I.S.W.  
M. J. Stanbrook  
L. Mew

Supervisor, Occupation Centre ... ..

Miss C. T. Pickering, M.B.E.

Assistant Supervisors, Occupation Centre ... ..

Mrs. W. Chapman  
Mr. S. Read

## Administrative—

Chief Clerk ... ..

Miss H. Rickard



## Report on the Health of the Isle of Wight for the Year 1960

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*To the Chairman and Members of the Health Committee of the Isle of Wight County Council.*

Madam Chairman, Ladies and Gentlemen,

I have the honour to submit my Annual Report as County Medical Officer and County Welfare Officer for the year 1960.

The total number of births, 1,222, showed an increase of 56 on the previous year, and gave a birth rate of 13.1 per 1,000, the highest in the Island since 1948. Of the 1,332 deaths, which was a decrease of 70 on the 1959 figure, 1,026 (77 per cent) occurred in persons aged 65 and over, compared with 1,119 (79.8 per cent) the previous year. This gave a crude death rate of 14.3 per 1,000 and a comparative death rate of 10.9. No deaths occurred among women due to deliveries and complications of pregnancy, childbirth and the puerperium.

The 26 stillbirths, giving a rate of 20.8 per 1,000 live and stillbirths, was an increase of 5 over 1959. Few fields lend themselves more readily to preventive and social medicine than the care of the expectant and nursing mother and the infant in the first four weeks of life. The recommendations of the Standing Maternity and Midwifery Advisory Committee have been before us since 1955 and the patterns and problems of ante-natal care and the role of obstetrician, general practitioner, midwife and health visitor are clearly defined. If, therefore, local maternity liaison committees can provide a forum for free discussion and closer co-operation we can look forward to a reduction in this avoidable mortality.

No major epidemics occurred and no cases of poliomyelitis, enterica, diphtheria or smallpox were notified. The four notifications of non-pulmonary tuberculosis were the lowest recorded and fewer notifications of other infectious diseases were received than in any year since 1942.

The apparent conquest of certain of the infectious diseases must not be allowed to obscure the extent of morbidity in the community from other non-notifiable conditions. For example certain of the virus diseases not only account for a great deal of absence from work but may also have serious consequences if the central nervous system becomes involved.

Rheumatic fever is by no means a thing of the past. A memorandum from the Standing Medical Advisory Committee in August reminded us that every year several thousand children in this country develop first attacks of this disease. Of these one half to a quarter must be expected within five years of an initial attack to develop recurrences due to infection with a streptococcus. Prevention of recurrences consists in the continuous administration of penicillin for at least five years, and the Committee emphasise the important role of the Medical Officer of Health and his staff in obtaining the prolonged co-operation of parents. Whether or not acute rheumatism is made notifiable, as it is with twelve health authorities, the need for the closest clinical co-operation is obvious. Here I should like to express once again my appreciation of the liaison offered in clinical matters to medical officers of the Health Department by hospital consultants and general practitioners.

The tempo of the programme of preventive inoculation by medical officers and family doctors was maintained. If the response to the offer of combined protection against diphtheria, whooping cough and tetanus were anything like that for poliomyelitis we should have more cause for satisfaction. As things are it is quite clear that a new approach will have to be found if the infant population is to grow up free from the danger of diphtheria. The key to a higher acceptance rate is the education of the young parent. It is satisfactory to report that visits by health visitors to homes containing children under five years of age showed an increase of 5,396 over the previous year.

Another infectious disease in which declining notifications could lead to complacency is tuberculosis. For example, the notification rate for respiratory tuberculosis in England and Wales of females aged 15-24, a most sensitive index, fell between 1948 and 1958 from 244 to 97 per 100,000 population, young males showing a similar trend (215 to 88 per 100,000). At the other extreme of life, however, while the notification rate for females aged 65 and over remained more or less unchanged (17 to 16 per 100,000) the rate for elderly males increased from 64 to 85 per 100,000. Circular 10/60 drew attention to these facts in referring to a memorandum of the Standing Tuberculosis Advisory Committee on the future of what are now known as the Chest Services, which are an integration of the local authority preventive services under Section 28 and the clinics and in-patient accommodation of the hospital authority. This memorandum and its application to the Isle of Wight were considered at a meeting of a Sub-Committee of the Wessex Regional Hospital Board in November to which I was invited.

Another important event affecting the Island Chest Services was the visit of the Southampton Mass Miniature Radiography Unit in the Summer. The results are of great interest and the Medical Director, Dr. Moore has agreed to his report being reproduced following that of Dr. Laidlaw on page 31.

Social medicine will always have an important part to play in tuberculosis, and a typical family is described in the Report of the Working Party on Social Workers in the Local Authority Health and Welfare Services:—

“A mother and several children were all infected. The father abandoned the family on learning the diagnosis, returned when things were better but left again when one child had to return to hospital. The first consideration was to help the mother to persevere with medical treatment by giving practical assistance to keep the home going, but she also depended on the support of the chest clinic social worker in talking out her problems and difficulties. It would also be desirable to work with the father, if and when he returned, to help him not to run away in the face of difficulties—a common reaction with immature or inadequate people.”

The link between the chest clinic and hospital and the district Medical Officer of Health and the family doctor is maintained by the tuberculosis health visitor. Her contribution has been described in the Report of the Working Party on Health Visiting as follows:—

“She is concerned with health education ; she explains to the patient the implications of his illness and the chest physician’s advice ; she explains and demonstrates to the family how the illness must be managed ; she encourages and gives re-assurance. She is deeply concerned with the social consequences ; she traces contacts ; she reports from time to time to the chest physician on the conditions in which the patient is living or on the facilities available for his care on discharge from hospital ; she recommends, for example, the issue of equipment, the services of a home help, a priority for rehousing, financial help or help in kind ; she helps in arrangements for convalescence and for rehabilitation. She needs perhaps more knowledge of and contact with the social agencies available to help and ability to co-operate with them, and sufficient knowledge of the nature of the disease and its management to enable her to act with confidence as liaison between the chest physician, the patient at home and the general practitioner.”

In the preventive field the most powerful and reliable single weapon against tuberculosis is the B.C.G. Vaccination Scheme. In addition to 13 year olds, school leavers and older students may now receive vaccination and the case for lowering the age of eligibility is under constant review. This is a scheme requiring a high level of efficiency, good personal liaison, and an energetic and inquiring approach. In September it was decided that the responsibility for this and other Section 28 services should be placed upon a Senior Medical Officer and for this purpose Dr. John Russell was promoted from Assistant Medical Officer. Being also Medical Officer of Health for Ryde, Sandown-Shanklin and Ventnor, he will bring into this work his knowledge and experience of the environmental services of district councils in relation to tuberculosis and housing.

I have dwelt at some length on tuberculosis as I know the Committee’s interest in the possible results of the ultimate closure of the Royal National Hospital, Ventnor. Also I think tuberculosis illustrates the basic principles which underly much of the work of the department and shows how little the changes of 1948 have detracted from the value of the preventive and social services provided by public health departments.

One could say much the same about services for the elderly, which were the subject of a meeting of the Regional Hospital Board’s Geriatric Review Committee on the Island in February. The pioneer work of previous Health Committees in providing residential accommodation for the aged of which the Island can be justly proud is well known. I hope to report next year on action taken to strengthen the link with the geriatric wards and to obtain far more information in advance of conditions likely to lead to breakdown among old people living alone in their own homes.

The framework on which the Committee intend to develop the Mental Health Services is reproduced in full on page 43. With assistance from health visitors in the care of the severely subnormal children and the guidance of their parents it is hoped to manage in 1961 without an additional welfare officer, but this will be necessary in the near future. Plans will be considered in 1961 for a new training centre for the juniors, new premises and more training material for the seniors, and a staff training scheme. More must be taught to welfare officers and nursing staff about the early origins of mental illness and behaviour disorders. It is most satisfactory that Dr. Davies-Jones’ dual role of Honorary Psychiatrist to the Child Guidance Service and Mental Health Adviser to the Health Committee has made it possible for medical officers and health visitors carrying out infant welfare duties to attend his case conferences and discussion groups.

While everyone will acknowledge the importance to the child’s mental health and emotional development of a stable home background and a satisfactory relationship with his parents, it may frequently take several visits by a number of officers to certain families in special need of support and guidance to avoid break-up. The work of the specialist health visitor and the Committee which co-ordinates this work is described on page 23. Apart from the mental effect on the child, such parents frequently require a great deal of visiting and persuasion to get their children immunised, vaccinated and protected against poliomyelitis, and to take them for treatment for dental caries and the various conditions which are discovered at routine examinations.

The use of the Section 28 health education services in the problems of adolescence needs to be under constant review. To take smoking and lung cancer, for example, health visitors have, since the initial campaign, confined themselves to bringing the facts about lung cancer into the appropriate place during talks and group discussions. There is need for far more experimentation on the part of teachers, psychologists, social workers and doctors in helping young people, who are maturing increasingly early, to face up to the problems of cancer, promiscuity and venereal disease.

Dr. Anne Simpson retired in July after nearly 14 years service devoted to the care of mothers, infants and school children. I am deeply grateful to her for all she has done and particularly for agreeing to continue part-time to cover periods of staff shortage. The Committee would no doubt like me to record here also our gratitude to Dr. Hazel Russell, Dr. Sheila Harvey and Dr. Susan Vesey as well as to Dr. H. Noakes and Dr. Henrietta Young, without whose help the years programme, particularly in regard to vaccination and immunisation, would not have been possible. The full complement of dental staff was maintained throughout the year.

The Department suffered a great loss in the sudden death of Dr. Margaret Brodigan in January, 1961. She had been on the staff from 1943 to 1946 and again from 1956 until her death. Apart from her work among mothers, infants and school children she did a great deal for children on the Island suffering from cerebral palsy and was a devoted and enthusiastic member of the team at the Spastic Day Unit. She also played a large part in the poliomyelitis vaccination campaign and had carried out investigations into the causes of stillbirths and prematurity, and staphylococcal and brucella infection.



Among my colleagues I should like particularly to thank Mr. Sullivan, Chief Fire Officer, once again for his collaboration and expert advice in the operation of the Ambulance Service and in the purchase and maintenance of nurses' cars. I think also tribute should be paid to Mr. J. D. Warrington, Engineer and Manager of the Isle of Wight Water Board, for his part in the events following the floods in September. Thanks to his co-operation and untiring energy any risk of contamination of the Island's water supplies was avoided. The Island will also be grateful to various officers of the county and district councils, police, volunteer workers and others for their efforts in dealing with the aftermath of the floods, as well as to Mr. K. S. Goulty, Manager of the Isle of Wight Creameries, for taking steps to safeguard the milk supplies to the Island when the floods reached the pasteurisation plant.

The past year has, I feel, been a promising one and, in addition to thanking the staff at all levels of the Health and Welfare Department I should like to express to you, Madam Chairman, and to the members of the Health Committee my deep appreciation for your encouragement and support at the beginning of what may come to be known as the "Second Ten Years." In October the previous Minister of Health, looking ahead, expressed a view which I feel is shared by the Committee:—

"In the future we can hope, with the help of preventive medicine, health education, local authority and domiciliary care and the like, that the increased span of life will be matched by an increased span of good health and continued active contribution to the community. That will be the economic return for an investment in health today, and particularly for an investment in preventive medicine and the local health and welfare side."

I have the honour to be, Ladies and Gentlemen,

Your obedient servant,

ROGER KEYS MACHELL,

*County Medical Officer and County Welfare Officer.*

County Hall,  
Newport, I.W.  
July, 1961.

TABLE I. POPULATION OF COUNTY DISTRICTS.

Sanitary Authority.	Population at 1951 Census.	Registrar General's Estimate of Population for:				
		1956	1957	1958	1959	1960
I.W. Rural District ...	17929	17640	17560	17560	17500	17660
Cowes U.D. ...	17154	16840	16910	16950	16890	16950
Newport M.B. ...	20426	20160	19880	19730	19880	19140
Ryde M.B. ...	20084	20030	20120	20060	20060	19970
Sandown-Shanklin U.D.	12693	12550	12580	12580	12630	12810
Ventnor U.D. ...	7308	6780	6750	6720	6540	6460
Whole County ...	95594	94000	93800	93600	93500	92990

TABLE II. VITAL STATISTICS OF ALL DISTRICTS—1960.

Area.	Rural District	Cowes.	Newport.	Ryde.	Sandown- Shanklin.	Ventnor.	Whole County.	England & Wales: Rate per 1000
Population—Registrar General's Estimate (Civilians and Non-Civilians)	17660	16950	19140	19970	12810	6460	92990	
Total Deaths								
Number ...	228	239	277	300	178	110	1332	
Males ...	121	127	142	136	75	56	657	
Females ...	107	112	135	164	103	54	675	
Crude death-rate per 1000 population	12.9	14.1	14.5	15.0	13.9	17.0	14.3	11.5
Comparative factor ...	0.74	0.88	0.68	0.76	0.70	0.73	0.76	
Comparative death-rate ...	9.5	12.4	9.9	11.4	9.7	12.4	10.9	
Live Births								
Number ...	212	262	272	279	135	62	1222	
Males ...	116	136	149	132	63	32	628	
Females ...	96	126	123	147	72	30	594	
Rate per 1000 population (crude) ...	12.0	15.5	14.2	13.9	10.5	9.6	13.1	17.1
Comparative factor for calculation of birth rate ...	1.15	1.07	1.15	1.08	1.19	1.08	1.12	
Comparative birth rate ...	13.8	16.6	16.3	15.0	12.5	10.4	14.7	
Illegitimate Live Births (per cent of total live births) ...	6.6	6.1	9.9	6.8	5.9	4.8	7.1	
Stillbirths								
Number ...	7	4	7	3	3	2	26	
Males ...	4	1	4	1	2	1	13	
Females ...	3	3	3	2	1	1	13	
Rate per 1000 total live and stillbirths ...	31.9	15.0	25.1	10.6	21.7	31.3	20.8	19.8
Total Live and Still-Births ...	219	266	279	282	138	64	1248	
Infant Deaths (under 1 year) ...	8	5	5	3	2	1	24	
(deaths of infants under 4 weeks of age) ...	5	2	4	3	1	—	15	
(deaths of infants under 1 week of age) ...	5	2	4	3	1	—	15	
Infant Mortality Rates								
Total infant deaths per 1000 total live births ...	37.7	19.1	18.4	10.7	14.8	16.1	19.6	21.9
Legitimate infant deaths per 1,000 legitimate live births ...	35.3	20.3	16.3	11.5	15.7	17.0	19.4	
Illegitimate infant deaths per 1,000 illegitimate live births ...	71.4	—	37.0	—	—	—	23.0	—
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) ...	23.6	7.6	14.7	10.8	7.4	—	12.3	15.6
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births) ...	23.6	7.6	14.7	10.8	7.4	—	12.3	
Peri-natal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths) ...	54.8	22.6	39.4	21.3	29.0	31.2	32.9	32.9
Maternal Mortality (including abortion)								
Number of deaths ...	—	—	—	—	—	—	—	
Rate per 1,000 total live and stillbirths ...	—	—	—	—	—	—	—	0.39

TABLE III.—THE NUMBER OF DEATHS FROM CERTAIN DISEASES FOR THE TEN YEARS, 1951—1960.

CAUSES OF DEATH.	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Whooping Cough ... ..	—	—	—	1	1	—	—	—	—	—
Diphtheria ... ..	—	—	—	—	—	—	—	—	—	—
Tuberculosis of respiratory system	19	14	14	16	10	8	4	5	3	5
Other forms of tuberculosis ...	1	3	1	—	1	1	2	1	1	—
Influenza ... ..	41	3	24	4	8	9	14	5	20	2
Measles ... ..	—	—	1	1	—	—	—	—	—	—
Acute poliomyelitis and polio- encephalitis ... ..	2	—	1	—	—	1	—	—	—	—
Cancer—all sites ... ..	206	230	244	212	232	219	239	231	216	218
Cancer—of lung and bronchus ...	27	35	32	25	35	36	37	40	47	43
Vascular lesions of nervous system	184	190	212	210	198	188	188	218	232	237
Coronary disease—angina ... ..	145	160	175	156	165	163	174	204	216	198
Other heart diseases ... ..	406	370	311	339	330	302	277	254	321	275
Other disease of circulatory system	33	41	38	39	43	57	40	55	45	63
Bronchitis ... ..	60	32	57	40	51	56	39	46	46	46
Pneumonia ... ..	37	38	60	61	57	75	34	90	84	70
Other respiratory diseases ... ..	19	9	6	13	18	15	11	20	13	22
Gastritis, enteritis and diarrhoea ...	7	4	1	8	7	5	10	8	9	4
Puerperal and post-abortive sepsis	} 3	2	3	2	1	1	—	1	2	—
Other maternal causes ... ..										
Congenital malformations ... ..	5	13	5	9	7	6	11	7	3	5
Motor vehicle accidents ... ..	3	4	3	11	9	6	6	6	9	7
All other accidents ... ..	19	14	18	25	26	27	16	31	26	25
Other violent causes ... ..	4	13	16	9	10	9	11	14	12	9
<b>Isle of Wight.</b>										
Death rate per 1,000 Population ...	14.8	14.3	14.4	14.2	14.4	13.9	13.3	15.0	14.9	14.3
Comparable death rate per 1,000 ...	11.1	10.7	10.8	10.5	10.7	10.3	10.0	11.4	11.5	10.9
<b>England &amp; Wales.</b>										
Death rate per 1,000 Population ...	12.5	11.3	11.4	11.3	11.7	11.7	11.5	11.7	11.6	11.5

TABLE IV. DEATHS IN VARIOUS AGE GROUPS FOR THE TEN YEARS 1951—1960.

AGES.		1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
<b>0 — 1</b>	Males ... ..	12	17	14	21	17	11	10	14	12	16
	Females ... ..	19	10	9	11	11	9	7	14	5	8
	TOTAL ... ..	31	27	23	32	28	20	17	28	17	24
<b>1 — 4</b>	Males ... ..	—	5	3	6	2	4	1	3	2	1
	Females ... ..	1	—	4	1	2	4	2	3	2	3
	TOTAL ... ..	1	5	7	7	4	8	3	6	4	4
<b>5 — 14</b>	Males ... ..	2	3	4	1	2	6	7	4	1	3
	Females ... ..	1	2	2	1	5	2	1	2	2	1
	TOTAL ... ..	3	5	6	2	7	8	8	6	3	4
<b>15 — 44</b> ...	Males ... ..	19	30	18	27	25	19	17	33	21	18
	Females ... ..	33	22	22	15	15	15	20	19	14	13
	TOTAL ... ..	52	52	40	42	40	34	37	52	35	31
<b>45 — 64</b>	Males ... ..	152	131	125	144	132	122	134	136	136	148
	Females ... ..	89	86	121	101	108	111	92	74	88	95
	TOTAL ... ..	241	217	246	245	240	233	226	210	224	243
<b>65 and over</b>	Males ... ..	481	476	456	463	481	459	436	488	518	471
	Females ... ..	582	551	564	536	539	540	521	614	601	555
	TOTAL ... ..	1063	1027	1020	999	1020	999	957	1102	1119	1026
GRAND TOTAL ...		1391	1333	1342	1327	1339	1302	1248	1404	1402	1332



### **Births.**

The number of births in the Isle of Wight showed an increase over the previous year of 56 to 1,222. This figure given by the Registrar General is for births registered during 1960 and adjusted for inward and outward transfers. It therefore differs from the unadjusted figures compiled locally and detailed in Table VIII of this report. In a population of 92,990 this gives a live birth rate per 1,000 population of 13.1. In the country as a whole however the birth rate for 1960 was 17.1. This was 0.6 higher than that for 1959, and the highest since 1948.

Because of the difference in the sex and age distribution of the population in different parts of England and Wales, it is necessary to multiply the crude birth rate by a comparability factor (1.12) and when this is done the resulting rate is comparable with the crude rate for England and Wales or with the corresponding adjusted rate for any other area. The comparative birth rate for the Island is therefore  $13.1 \times 1.12$  or 14.7 compared with 17.1 for England and Wales.

### **Stillbirths.**

There were 26 stillbirths during the year compared with 21 in 1959, 25 in 1958 and 1957 and 27 in 1956. This gave a stillbirth rate of 20.8 per 1,000 total (live and still) births. The stillbirth rate for England and Wales was 19.8 per 1,000 total live and stillbirths compared with 21.0 for 1959.

### **Deaths of Infants under one year.**

The infant mortality rate for England and Wales for 1960, that is infant deaths in the first year of life, reached the lowest ever recorded in the country of 21.9 per 1,000 live births. The figure for the Isle of Wight was, however, higher than in the previous year, i.e. 19.6 per 1,000 which represents 24 deaths of infants under one year old. In 1959, there were 17 deaths which gave a rate of 14.6.

There were 41 perinatal deaths, that is stillbirths and infant deaths under one week. This gives a perinatal mortality rate of 32.9.

### **Maternal Mortality.**

It is very satisfactory to report that there were no maternal deaths in the Isle of Wight in 1960. In the years 1950 to 1959, there was a total of 17 maternal deaths ranging from one to three per year.

The maternal mortality rate in 1960 for England and Wales again showed a slight decrease to 0.31 per 1,000 live and stillbirths. This figure, however, excludes abortions. The rate including abortions was 0.39 per 1,000 total live and stillbirths compared with 0.38 in 1959.

### **Deaths.**

The deaths in the Island exceeded the live births by 110 (236 the previous year).

The total number of deaths on the Island corrected for inward and outward transfers was 1,332 (1,402 in the previous year) giving a death rate of 14.3 per 1,000 of the population. The adjusted death rate, i.e. the crude death rate multiplied by a comparability factor 0.76, was 10.9 as against 11.5 the previous year; the comparable figure for England and Wales was 11.5.

Of 1,332 deaths, 1,026 or 77.0 per cent occurred in the 65 and over age group.





# NATIONAL HEALTH SERVICE ACT, 1946.

## Section 22—Care of Mothers and Young Children.

One case of puerperal pyrexia was notified in the Rural District. Thirty-one deliveries by Caesarian Section took place at St. Mary's Hospital.

### Admissions to Maternity Hospital.

During the year 664 applications for admission to the maternity wards at St. Mary's Hospital, Newport, on social or medical grounds were received and 629 recommended for admission. The Consultant Obstetrician, the general practitioners and the County Medical Officer have agreed a procedure whereby the Health Visitor is asked to add a social report to all applications for hospital beds. An assistant county medical officer, in conjunction with the County Nursing Officer, is responsible for co-ordinating the information and considering priorities with the Consultant Obstetrician.

The social reasons for admission included purely environmental conditions such as unsuitable housing or inadequate arrangements for washing and sanitation, in addition to the unavailability of help from husband, relatives or neighbours at the time of confinement and in the puerperium.

Applications for admission on medical grounds were more easily met and hospital beds were available for all cases where a previous history of a medical or obstetric condition or abnormality made home confinement undesirable.

The decision as to home or hospital confinement for the woman having her first baby is not so straightforward. In a sense, a first confinement is a "trial of labour" in which all possible information is of value, not only in relation to the medical aspects but also facts about the adequacy of the home for delivery and for meeting unforeseen complications and, possibly, the care of a premature infant. It is in this selection that the fullest reports from the family doctor, midwife and health visitor are of the utmost value. Furthermore, there must be constant scrutiny of the results of past selection procedures if beds available in the future are to be allocated to the right patients.

Particulars relating to deliveries at home, in nursing homes and in hospital since 1951 are shown in the following table.

TABLE VI. NUMBER OF DELIVERIES AT HOME, IN NURSING HOMES AND IN HOSPITAL SINCE 1951.

<i>Year.</i>	<i>Total Births.</i>	<i>Born at Home.</i>	<i>Percent- age.</i>	<i>Born in Nursing Home.</i>	<i>Percent- age.</i>	<i>Born in Hospital.</i>	<i>Percent- age.</i>
1951 ...	1258	560	44.5	275	21.9	423	33.6
1952 ...	1219	516	42.3	274	22.5	429	35.1
1953 ...	1244	506	40.7	230	18.5	508	40.8
1954 ...	1253	544	43.4	151	12.0	558	44.6
1955 ...	1200	574	47.8	85	7.1	541	45.1
1956 ...	1208	548	45.5	74	6.1	586	48.4
1957 ...	1201	544	45.3	80	6.7	577	48.0
1958 ...	1218	545	44.7	54	4.5	619	50.8
1959 ...	1149	512	44.6	27	2.3	610	53.1
1960 ...	1271	559	44.0	24	1.9	688	54.1

The above table shows that there was an increase of 122 notified births over 1959 and our domiciliary midwifery service dealt with 47 more confinements. Hospital confinements also increased by 78 but those admitted to nursing homes decreased again from 27 to 24.

During the year twin births occurred in 19 cases.

Much of the ante-natal care which is carried out by a doctor is done by the patient's family doctor at his Surgery. In Ryde, East Cowes and Cowes some general practitioners use County clinic premises and it is well known by the family doctors that further extension of this co-operation is welcomed from the local health authority point of view.

One of the County's medical officers sees ante-natal and post-natal cases at the clinics in Sandown and Freshwater and maintains close liaison with the patients' general practitioner. The details of attendance at these two clinics are shown in the following table.

TABLE VII. ANTE-NATAL AND POST-NATAL CLINICS.

	<i>No. of Clinics provided at end of year.</i>	<i>Average No. of Sessions held per month.</i>		<i>No. of Women in Attendance.</i>		<i>Total number of attendances made by women included in col. (4) during the year.</i>
		<i>Medical Officers Sessions.</i>	<i>Mid- wives Sessions.</i>	<i>No. of women who attended during year.</i>	<i>No. of new cases included in col. (4).</i>	
(1)	(2)	(3)		(4)	(5)	(6)
Ante-natal Clinics ...	2	5	3	205	189	607
Post-natal Clinics ...	*	*	*	16	16	16

\*Post-Natal cases are seen at Ante-Natal Sessions.

Notification of Birth.

The 1,271 births which were notified during 1960 are set out below according to place of occurrence.

TABLE VIII. DETAILS OF BIRTHS NOTIFIED TO THE COUNTY MEDICAL OFFICER DURING 1960.

<i>Year 1960.</i>				<i>Male.</i>	<i>Female.</i>	<i>Total Births.</i>	<i>Born at Home.</i>	<i>Born in Nursing Home.</i>	<i>Born in Hospital.</i>	<i>Total.</i>
Live Births	...	...	...	639	607	1246	551	24	671	1246
Still Births	...	...	...	12	13	25	8	—	17	25
Total	...	...	...	651	620	1271	559	24	688	1271

PREMATURE BABIES

During 1960 there were 57 live births of babies weighing 5½ lbs. and under, and 12 still births.

TABLE IX. WEIGHT, PLACE OF BIRTH AND NEONATAL SURVIVAL RATE OF PREMATURE BABIES.

Premature live births																	Premature still births		
Weight at Birth	Born in hospital				Born and nursed entirely at home				Born at home and transferred to hospital on or before 28th day				Born in nursing home and nursed entirely there				Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %	Total	Died within 24 hrs. of birth	Survived 28 days	Survival %			
3 lbs. 4 ozs. or less ... ..	9	5	3	33.3	—	—	—	—	—	—	—	—	—	—	—	—	3	1	—
3 lbs. 5 ozs. to 4 lbs. 6 ozs. ...	12	2	9	75.0	1	—	1	100.0	2	—	2	100.0	—	—	—	—	4	1	—
4 lbs. 7 ozs. to 4 lbs. 15 ozs. ...	8	—	7	87.5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5 lbs. to 5 lbs. 8 ozs. ...	12	—	12	100.0	12	—	12	100.0	1	—	1	100.0	—	—	—	—	1	2	—



TABLE X. FATE OF PREMATURE CHILDREN—ISLE OF WIGHT PER 1,000 LIVE BIRTHS IN EACH WEIGHT GROUP (1960). Total 57.

Weight Distribution	Weight at Birth	Total	Deaths	Mortality per 1,000 live births	Survival
15.8%	3 lbs. 4 ozs. or less	9	6	666	33.3%
26.3%	Under 4 lbs. 6 ozs.	15	3	200	80.0%
14.0%	„ 4 lbs. 15 ozs.	8	1	125	87.5%
43.9%	„ 5 lbs. 8 ozs.	25	—	—	100.0%

In many of these cases of premature birth and premature stillbirth, there has been some abnormality in the ante-natal period. This may be a disease of pregnancy itself, for example, toxæmia, or be incidental to the pregnancy, like anaemia or vitamin deficiency.

While the aetiology of toxæmia of pregnancy is still under investigation, the anaemias and vitamin deficiencies are very much within the realm of preventive medicine and the results of treatment very rewarding.

DENTAL TREATMENT.

By Mr. G. Simons (*Senior County Dental Officer*).

The system of regular visits to the various welfare clinics and some of the ante-natal clinics was continued throughout the year and, although the number of subsequent treatments was not a high one, many mothers have expressed their appreciation of the help and advice given. It is apparent that there is still much unawareness of the danger to the teeth of sugary drinks in feeding bottles given to the child as a comfort at bed-time and comforters dipped in syrups. In spite of all our efforts, much remains to be done in the field of Dental Health Education.

Approximately 10 per cent of the time of the dental staff has been taken up by this work under Section 22 of the National Health Service Act. 249 mothers and 765 children were examined and 126 and 169 respectively found to require treatment. The acceptance rate was 85 per cent in the case of mothers and 80 per cent for children. All treatment necessary was offered in every case.

The nursing staff have been of great help in referring patients and in the health education of the mothers and children in their care, both at the clinics and during their home visits.

Dental Care of Expectant and Nursing Mothers and Children under School Age, 1960.

(a) Number of Officers employed at end of year on a salary in terms of whole-time officers to the maternity and child welfare service.	(1) Senior Dental Officer	...	...	...	...	...	...	...	0.1
	(2) Dental Officers	...	...	...	...	...	...	...	0.3
(b) Number of Officers employed at end of year on sessional basis in terms of whole-time officers to the maternity and child welfare service	...	...	...	...	...	...	...	...	Nil
(c) Number of Dental Clinics in operation at end of year	...	...	...	...	...	...	...	...	5
(d) Total number of sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	...	...	...	...	...	...	...	...	149
(e) Number of Dental Technicians employed	...	...	...	...	...	...	...	...	Nil

TABLE XI. NUMBERS PROVIDED WITH DENTAL CARE.

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.*
Expectant and Nursing Mothers	249	126	108	73
Children under five	765	169	135	113

\*The term "Dentally Fit" means that all necessary work has been performed and the mouth and teeth left in a sound, healthy and clean condition.

The discrepancy between the figures of those treated and those made dentally fit is caused by several factors. Some of those treated towards the end of the current year are not completed until the subsequent year and some patients attend only for the relief of pain, failing appointments for the completion of the treatment.

Many of those examined and found to need treatment but who do not receive it from the Local Authority Service do, in fact, get their treatment through the General Dental Service. There remains, however, a small number who refuse all forms of dental treatment other than for the relief of pain.

TABLE XII. FORMS OF DENTAL TREATMENT PROVIDED.

	<i>Scalings or Scaling and gum treat- ment.</i>	<i>Fillings.</i>	<i>Silver Nitrate treat- ment.</i>	<i>Crowns or Inlays.</i>	<i>Extrac- tions.</i>	<i>General Anaes- thetics.</i>	<i>Dentures provided.</i>		<i>Radio- graphs.</i>
							<i>Com- plete.</i>	<i>Partial.</i>	
Expectant and Nurs- ing Mothers	15	122	—	—	66	—	10	11	—
Children under five	—	129	28	—	84	—	—	—	—

**Child Welfare.**

Table XIII gives details of the situation of the various child welfare centres in the Island.

The total number of attendances during the year, 18,643, was 623 more than in 1959. Of these attendances 11,839 (11,246) were made by infants under one year and 6,804 (6,774) by children between one and five years.

TABLE XIII.

## INFANT WELFARE CENTRES.

Name of Centre.	Place where Held.	How often Held.	Day and Time on which Doctor Attends. (All times are p.m. except where indicated)	No. of Children who attended Centres during the year.	No. of Children who first attended the year and who on the date of their first attendance were :—		No. of Children who attended during the year who were then :—		Total No. of attendances made by Children in- cluded in column (5)	
					Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Between the ages of 1 and 5.		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Bembridge	Chapel Room	Monthly	Third Monday at 3.0	51	20	5	17	34	111	75
Brading	Church Room	Monthly	Second Tuesday at 3.0	43	14	6	10	33	83	79
Brightstone and Brooke	Wilberforce Hall	Monthly	Fourth Tuesday at 3.0	29	9	4	9	20	72	204
Calbourne	The Rectory	Monthly†		26	16	10	12	14	80	140
Carisbrooke	Church Hall	Twice Monthly	Third Wednesday at 2.45	57	23	4	22	35	236	135
Chale	Methodist Church Hall	Monthly	Third Tuesday at 3.0	33	13	2	7	26	86	89
Cowes	Health Centre, Consort Road	Weekly	Second and Fourth Wednesdays at 2.30	220	91	2	84	136	1235	419
East Cowes	The Dispensary, Osborne Road	Weekly	Second and fourth Mondays at 2.30	191	66	6	68	123	892	448
Freshwater	Nurses' Institute, Princes Rd.	Weekly	First and third Wednesdays at 2.30	276	86	31	79	197	1839	1813
Godshill	Village Hall	Monthly	Fourth Tuesday at 9.30 a.m. for Toddlers	26	4	—	6	20	32	108
Newport	County Hall	Weekly	Third Monday at 3.0	394	176	17	165	229	1970	641
Newchurch*	Church Hall	Monthly	Third Thursday at 2.30	17	5	1	5	12	14	27
Niton	Village Hall	Monthly	Fourth Friday at 3.0	27	9	2	4	23	50	94
Northwood	Women's Institute Hall	Twice Monthly	First Tuesday at 2.30	72	10	—	21	51	411	318

TABLE XIII.—continued

Name of Centre.	Place where Held.	How often Held.	Day and Time on which Doctor Attends. (All times are p.m. except where indicated)	No. of Children who attended Centres during the year.	No. of Children who first attended the Centres during the year and who on the date of their first attendance were :—		No. of Children who attended during the year who were then :—		Total No. of attendances made by Children in- cluded in column (5)	
					Under 1 year of age.	Over 1 year of age.	Under 1 year of age.	Between the ages of 1 and 5.	Under 1 year of age.	Between the ages of 1 and 5.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Ryde ...	Methodist Hall, Well St.	Twice Weekly Wednesdays & Fridays	Wednesdays and Fridays at 2.30	499	203	22	161	338	2433	940
Binstead ...	The Institute, Binstead	Weekly Tuesdays at 2.30†	Second and Fourth Fri- days at 2.30	65	24	—	24	41	368	213
St. Helens ...	Lower Green, Metho- dist Sunday School	Monthly†		37	16	1	17	20	88	82
Sandown ...	Baptist Hall	Twice Monthly	Second and Fourth Tues- day at 2.30	134	69	7	57	77	542	143
Seaview ...	Seacroft	Monthly			16	2	14	32	85	77
Shanklin ...	Methodist School	Monthly†	First and Fourth Tues- day at 2.30	136	44	5	42	94	756	377
...	Methodist Hall, Regent St.	Twice Monthly First and fourth Tuesdays		...	...	...	...	...	...	...
Ventnor ...	British Legion Hall, High St.	Twice Monthly First & third Fridays	First Friday at 2.30	75	36	5	33	42	199	140
Whitwell ...	Women's Institute Hall	Monthly	Fourth Friday at 3.30	11	3	8	3	8	43	23
Wootton ...	Methodist Hall	Monthly	Fourth Friday at 3.0	42	8	—	8	34	75	65
Wroxall ...	Church Hall	Monthly	First Friday at 3.0	44	9	—	12	32	97	89
Yarmouth ...	The Institute	Monthly	Third Friday at 3.0	31	6	3	6	25	42	65

† Health Visitors' Sessions

\* Closed during 1960.



## DISTRIBUTION OF WELFARE FOODS.

During 1960 the following were issued :—

National Dried Milk	...	...	...	...	...	...	23,090 tins
Orange Juice	...	...	...	...	...	...	36,209 bottles
Cod Liver Oil	...	...	...	...	...	...	4,493 bottles
Vitamin Tablets	...	...	...	...	...	...	4,036 packets

The situation, days and times of opening of the Centres are as follows :—

<i>District.</i>	<i>Name and Address of Centre.</i>	<i>Times of Opening.</i>
ARRETON	Post Office	Daily, 9 a.m. to 6 p.m. except Thursdays, 9 a.m. to 1 p.m.
BEMBRIDGE	Smith, Chemist, High Street.	Wednesdays, 2 p.m. to 4 p.m.
BEMBRIDGE	Welfare Centre, Chapel Room.	Third Monday in each month, 2.30 p.m. to 4.30 p.m.
BRADING	Smith, Chemist, Bull Ring.	Thursdays, 2.30 p.m. to 4 p.m.
BRIGHSTONE	Welfare Centre, Wilberforce Hall.	Fourth Tuesday in each month, 3 p.m. to 4 p.m.
CALBOURNE	Pinhorn Cottage.	Daily, 9 a.m. to 4 p.m.
CHALE	Post Office Stores.	Daily, 9 a.m. to 4 p.m., except Thursdays.
COWES	Health Centre, Consort Road.	Wednesdays, 2.30 p.m. to 4 p.m.
COWES	Old Mill Stores, Mill Hill Road.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
COWES	Bostock, Chemist, 84, High Street.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
EAST COWES	W.V.S., 35, Castle Street.	Tuesdays and Fridays, 2.30 p.m. to 4 p.m.
EAST COWES	Welfare Centre, The Dispensary, Osborne Road.	First and third Thursdays in each month, 2.30 p.m. to 4.30 p.m.
FRESHWATER	Nurses' Home, Princes Road.	Tuesdays and Fridays, 2.30 p.m. to 4 p.m.
GODSHILL	Welfare Centre, Village Hall.	Third Monday in each month, 2.30 p.m. to 4 p.m.
NEWPORT	W.V.S., 120, Lower St. James' Street.	Tuesdays, 10 a.m. to 12 noon, Fridays, 10.30 a.m. to 12 noon, and 2.30 to 4 p.m. Saturdays, 9.30 a.m. to 11.30 a.m.
NEWPORT	Welfare Centre, County Hall.	Thursdays only, 2.30 p.m. to 4 p.m.
NITON	Cornerways, Niton Undercliff.	Tuesdays, 10 a.m. to 12 noon.
PORCHFIELD	Post Office Stores	Mondays to Fridays, 9 a.m. to 4 p.m. Saturdays, 9 a.m. to 1 p.m.
RYDE	W.V.S., 25, Union Street.	Tuesdays and Fridays, 10 a.m. to 4 p.m.
RYDE	Chapel Hall, Well Street Welfare Centre.	Wednesdays and Fridays, 2.30 p.m. to 4 p.m.
ST. HELENS	Welfare Centre, Chapel School Room, Lower Green.	Fourth Thursday in each month, 2.30 p.m. to 4 p.m.
SANDOWN	Pollard & Ramage, Chemists, High Street.	Daily, 9 a.m. to 5 p.m., except Wednesdays, 9 a.m. to 1 p.m.
SANDOWN	Welfare Centre, Baptist Church Hall.	Second and Fourth Fridays in each month, 2.30 p.m. to 4.30 p.m.
SEAVIEW	Beulah Chapel, Ryde Road.	First Monday in each month, 2.30 p.m. to 4 p.m.
SHANKLIN	Welfare Centre, Methodist Church Hall.	First and Fourth Tuesdays in each month, after- noons only.
SHANKLIN	W.V.S., 54, Prospect Road.	Mondays and Wednesdays, 2.15 p.m. to 4.15 p.m.
VENTNOR	W.V.S., 135, High Street.	Tuesdays and Fridays, 2.30 p.m. to 4.30 p.m.
WHITWELL	Post Office	Daily, 9 a.m. to 5 p.m., except Thursdays 9 a.m. to 1 p.m.
WOOTTON	Welfare Centre, Methodist Hall.	Fourth Friday in each month, 2.30 p.m. to 4 p.m.
WOOTTON	Brading, Chemist, High Street.	Daily, from 9 a.m. to 5 p.m. except Thursdays 9 a.m. to 1 p.m.
WROXALL	Welfare Centre, Church Hall.	First Friday in each month, 2.30 p.m. to 4 p.m.
WROXALL	Miss H. A. Wright, Grocery Stores, Station Road.	Daily, 9 a.m. to 5 p.m. except Wednesdays 9 a.m. to 1 p.m.
YARMOUTH	Glasspool, Chemist, High Street.	Thursdays, 2.15 p.m. to 4 p.m.

### SECTION 23—MIDWIFERY.

Miss M. A. Gibbons, County Nursing Officer submits the following report :—

“The Midwifery service has continued to develop during 1960. The Midwives attend ante-natal clinics conducted by general practitioners in local authority premises in Ryde, East Cowes and Cowes. They also attend ante-natal clinics held at the surgeries of the general practitioners in other areas. These clinics are most satisfactory as the patients derive the highest benefit from the close co-operation between the hospital, general practitioner and local authority services.

A midwives' ante-natal clinic has been started in Ryde and is held twice monthly.

Mothercraft and Relaxation Classes conducted by the midwives and health visitors have been well attended by patients booked for hospital as well as home confinements. These continue to be held weekly in Ryde and Freshwater, twice monthly in Newport, Cowes, East Cowes, Sandown and Ventnor, and monthly in Shanklin.

The midwifery equipment has been augmented by one Trilene apparatus, one Gas and Air Machine and two Sparklet Resuscitators.

The number of midwives' attendances at ante-natal clinics during the year was 456. The number of home ante-natal visits paid to mothers booked for home confinement was 6,846 and to mothers booked for hospital confinement 9,096. The total number of home confinements during the year was 559. At 328 of these general practitioners were in attendance.

#### Midwifery Training for Part II C.M.B. Certificate.

Sixteen Pupil Midwives completed their Part II training during the year. They were all successful in the examination and qualified as State Certified Midwives. The midwife teachers who gave the instruction in domiciliary midwifery techniques were—Miss Q. Nobbs, Newport ; Miss A. Thompson, Ryde ; and Miss M. Treacy, Cowes.

#### Midwifery Refresher Courses.

Five Midwives attended Refresher Courses approved by the C.M.B. as required by Midwives Act, 1956. They were Miss Crone, Mrs. Wiles, Miss Nobbs, Miss Salmon and Miss Treacy.

TABLE XIV. MIDWIVES PRACTISING IN THE AREA.

	<i>Number of Midwives practising in the area of the Local Supervising Authority at the end of year.</i>		
	<i>Domiciliary Midwives</i>	<i>Midwives in Institutions</i>	<i>Total</i>
(a) Midwives employed by the Authority ... ..	27	—	27
(b) Midwives employed by Voluntary Organisations :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ... ..	—	—	—
(ii) Otherwise (including Hospitals not transferred to the Minister under the National Health Service Act) ... ..	—	—	—
(c) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act :—			
(i) Under arrangements with the Local Health Authority in pursuance of Section 23 of the National Health Service Act, 1946 ... ..	—	—	—
(ii) Otherwise ... ..	—	14	14
(d) Midwives in Private Practice (including Midwives employed in Nursing Homes) ... ..	2	2	4
Totals ... ..	29	16	45

TABLE XV. DELIVERIES ATTENDED BY MIDWIVES.

Number of Deliveries attended by Midwives in the area during the year						
	Domiciliary Cases					Cases in Institutions
	Doctor not booked		Doctor booked		Totals	
	Doctor present at time of delivery of child	Doctor not present at time of delivery of child	Doctor present at time of delivery of child (either the booked Doctor or another)	Doctor not present at time of delivery of child		
(1)	(2)	(3)	(4)	(5)	(6)	(7)
(a) Midwives employed by the Authority ... ..	—	—	328	225	553	4
(b) Midwives employed by Hospital Management Committees or Boards of Governors under the National Health Service Act	—	—	—	—	—	675
(c) Midwives in Private Practice (Including Midwives employed in Nursing Homes) ...	—	—	5	—	5	20
Totals ...	—	—	333	225	558	699

TABLE XVI. ADMINISTRATION OF PETHIDINE AND INHALATION ANALGESICS BY MIDWIVES IN DOMICILIARY PRACTICE.

(1)	Number of domiciliary midwives practising in the area at end of year who were qualified to administer inhalational analgesics in accordance with the requirements of the Central Midwives Board (2)	Number of sets of apparatus for the administration of inhalational analgesics in use at end of year (3) (4)		Number of cases in which inhalational analgesics were administered by midwives in domiciliary practice during the year				Number of cases in which pethidine was administered by midwives in domiciliary practice during the year	
				When doctor was present at time of delivery of child		When doctor was not present at time of delivery of child		When doctor was present at time of delivery of child (9)	When doctor was not present at time of delivery of child (10)
		Gas and air (3)	“ Tri-lene ” (4)	Gas and air (5)	“ Tri-lene ” (6)	Gas and air (7)	“ Tri-lene ” (8)		
(a) Domiciliary Midwives employed directly by the Local Health Authority ...	27	27	2	264	21	209	8	238	132
(b) Domiciliary Midwives employed under Section 23 by voluntary organisations as agents of Local Health Authority ... ..	—	—	—	—	—	—	—	—	—
(c) Domiciliary Midwives employed under Section 23 by hospital authorities as agents of Local Health Authority ... ..	—	—	—	—	—	—	—	—	—
(d) Domiciliary Midwives in private practice or employed by organisations not acting as agents of Local Health Authority ...	1	—	—	—	—	—	—	—	—
Totals ... ..	28	27	2	264	21	209	8	238	132



### Maternity Outfits.

Standard maternity outfits continued to be available on application to domiciliary midwives. The number issued in 1960 was 567 and showed an increase of 37 on the previous year. The greatest demand was in 1951 when 720 applications were received.

### Notification of intention to Practice,.

During the year 51 midwives notified their intention to practice, but three of these did not in fact practice. At the end of 1960, 45 state certified midwives were actually practising, 14 in hospitals, 2 in nursing homes and 2 in domiciliary practice, and 27 on the staff of the Local Health Authority. In addition four maternity nurses notified their intention to practice and two were practising at the end of the year, one in a nursing home and one in independent practice. The information is summarized in Table XIV.

### Medical Aid.

The Rules of the Central Midwives Board require that "A practising midwife must call in a registered medical practitioner in all cases of illness of the patient or infant or in the case of any abnormality becoming apparent in the patient or infant during pregnancy, labour or the lying-in period."

Requests in respect of the mother numbered 29 and two in respect of the child.

In addition to the above summonses for medical aid, the midwives forwarded the following notifications :—

Performing last office	...	...	...	...	...	...	...	—
Liability to be a source of infection	...	...	...	...	...	...	...	1
Artificial feeding	...	...	...	...	...	...	...	8
Still births	...	...	...	...	...	...	...	12
Deaths	...	...	...	...	...	...	...	3

## SECTION 24—HEALTH VISITING SERVICE.

Miss Gibbons submits the following report as Superintendent Health Visitor :—

"The work of the Health Visitor is chiefly health education and social advice for the promotion of health and family unity. The prevention of illness, both physical and mental, and the provision of information concerning the health and welfare services of the local authority form the basis of her work.

The Health Visitor is guided in her work by the notification of births which enables her to visit the mothers of all babies born in her area and to give the mothers information regarding the care of the young baby, advice regarding individual feeding problems, suitable clothing, and sleeping accommodation and to ensure that suitable assistance is made available to remedy any deficiency that is likely to affect the health of the child.

The Health Visitor works in co-operation with the family doctor and, where the General Practitioner wishes, encourages the mother to attend his surgery for prophylactic injections to prevent diphtheria, whooping cough, tetanus, poliomyelitis and smallpox during the first year of life. All mothers also are invited to attend the Infant Welfare Centres where these services are available, together with regular medical checks by the local authority medical officer, advice on general health matters and referral to the family doctor where treatment is necessary.

The detailed record of the child's general progress during the pre-school years, together with the record of prophylactic injections given, and any illnesses contracted before the child is 5 years of age, is handed on to the School Health Service.

Mothers, who during the ante-natal period have attended the mothercraft classes given at the local authority clinics, receive a comprehensive series of talks regarding the local authority services, the physiology of pregnancy, nutrition, child care and home safety at this time, and it is found that many of these mothers readily avail themselves of the services of the Infant Welfare Centre and take a keen interest in the educational services of the Centre and in community health.

This service undoubtedly plays an important part in the prevention of mental illness and in assisting the mothers in the management of behaviour problems in childhood, in which the Health Visitor can give the mother valuable advice and help.

The Health Visitors also make every effort to keep in touch with elderly persons known to the department by making periodic visits with a view to advising on measures for the prevention of illness and home accidents. Co-operation with the Home Nurses in this matter has brought encouraging results during the year. When the elderly people have recovered from illness the home nurses inform the health visitors so that periodic visits can be continued.

### FORMAL HEALTH EDUCATION.

As well as regular talks at the mothercraft classes and homemakers clubs, held at the local authority clinics, a total number of 111 lectures were given by the Health Visitors to organisations including :—

The Women's Voluntary Services ;  
 Women's Institute ;  
 Townswomen's Guild ;  
 British Red Cross Society ;  
 Young Wives' Clubs ;  
 Co-Operative Women's Guild ;  
 Toc H ;  
 Mothers' Union.



The subjects included :—

Home Safety	...	...	...	...	...	...	...	22
The National Health Service	...	...	...	...	...	...	...	4
The Work of the Health Visitor	...	...	...	...	...	...	...	6
First Aid in the Home	...	...	...	...	...	...	...	2
Home Nursing	...	...	...	...	...	...	...	32
Emotional Needs of Children	...	...	...	...	...	...	...	1
Child Development	...	...	...	...	...	...	...	2
Maternity and Child Welfare	...	...	...	...	...	...	...	12
Food Values	...	...	...	...	...	...	...	1
Child Care	...	...	...	...	...	...	...	6
Occupational Therapy of the Aged	...	...	...	...	...	...	...	1
The Care of School Children	...	...	...	...	...	...	...	1
Child Care	...	...	...	...	...	...	...	8
Lectures to Student Nurses, Royal Isle of Wight County Hospital	...	...	...	...	...	...	...	4
Lectures to Schools	...	...	...	...	...	...	...	10

Two very much valued Health Visitors have left the staff during the year. In July Miss E. C. Knight, S.R.N., S.C.M., H.V.Cert., joined the Society of Friends to work among Algerian refugees in Morocco. Miss E. G. M. Brammer, S.R.N., S.C.M., H.V.Cert., who had specialised in families in need of special services for nearly three years was appointed Children's Visitor on the staff of the Children's Officer in July, 1960.

Miss I. E. Butler, S.R.N., S.C.M., H.V.Cert., completed her Health Visitor training at Southampton University with distinction and commenced duties in July, 1960. Mrs. N. Badwal, S.R.N., S.C.M., H.V.Cert., was appointed to the Health Visiting staff and commenced duties on 1st October, 1960. Miss B. Perry, S.R.N., S.C.M., H.V.Cert., was appointed Specialist Health Visitor in July, 1960.

#### Families in need of Specialist Health Services.

Miss B. Perry, Specialist Health Visitor, reports :—

“Co-ordinating Committee Meetings have been held on three occasions during 1960. The Officials represented at these Meetings have included :—

Clerk of the County Council ;  
County Medical Officer ;  
Medical Officers of Urban and Rural Districts ;  
School Attendance and Welfare Officer ;  
Children's Officer ;  
Probation Officer ;  
Representatives of the National Assistance Board ;  
N.S.P.C.C. Superintendent ;  
Representatives of Local Housing Authorities ;  
Diocesan Moral Welfare Workers ;  
Social Worker at Whitecroft Hospital ;  
Specialist Health Visitor ;  
County Nursing Officer.

The result of these meetings has been improved liaison over many difficult cases.

An increase in the number of cases of mental illness in one or other parent shows the need for continued work on the preventive side. In assisting these cases the valuable liaison between the Psychiatric Consultant and Social Worker at Whitecroft Hospital and the Health Visitor, has enabled the patient and the home circumstances to be viewed and assessed as a whole, and long term assistance to be arranged.

There has been an increase this year in the number of families given assistance by the Home Help Service, particularly in cases where mental illness has necessitated long term domestic care.

The use of Voluntary Social Services has been invaluable in many cases of domestic crisis, such as provision of clothing by the W.V.S., “sitting-in” and escort duties by members of the Red Cross, and friendly visiting by members of Toc H and the Salvation Army.

A more recent service used by the Specialist Health Visitor is that of the Marriage Guidance Council, in referral of marital problems.

Fifty-three new cases were referred to the Specialist Health Visitor during 1960, and 1,506 visits were made to these families.

The total number of families assisted during 1960 was 120.

The characteristics of the families visited were as follows :—

	<i>No. of Families</i>
Child neglect	32
Mental defect of one or both parents	25
Mental defect of children	6
Physical defect of one or both parents	31
Physical defect of children	13
Insanitary housing conditions	6
Overcrowding	15
Inability to budget	56
Neurosis including drunkenness	25

	<i>No. of Families</i>
Matrimonial breakdown ... ..	45
Illegitimacy ... ..	21
Low moral standards ... ..	34
Criminal tendencies ... ..	33
Dirty conditions ... ..	14
Verminous conditions ... ..	1
Attendance of one or both parents at Psychiatric Clinic ...	19
Admission to Mental Hospital of one or both parents ...	16
Child guidance ... ..	14

The nature of help given was as follows :—

Domestic supervision by Health Visitor ... ..	52
Home Help Service ... ..	11
National Assistance Allowances ... ..	52
Free school meals and clothing grants ... ..	25
Families housed ... ..	12
Child Guidance Clinic ... ..	12
Advice and supervision of Probation Officer ... ..	22
Children taken into care of local authority ... ..	26
Supervision by N.S.P.C.C. Inspector ... ..	33
Marriage Guidance ... ..	5

It will be noted that the number of unmarried mothers referred to the Specialist Health Visitor has shown an increase this year particularly in the younger age group, and in these cases co-operation with the General Practitioner, the Diocesan Moral Welfare Association and St. Mary's Hospital, has been very helpful in dealing with these problems.

In assisting families needing long term help, the Specialist Health Visitor has in mind particularly the protection of the children against distress caused by tensions within the family. A precis of the case notes of a family who were successfully helped during the year is as follows :

The family consists of mother, father, and seven children, ages 11, 10, 9, 8, 6, 4 and 1 year.

The father has no settled employment and on more than one occasion has left the home and children. The mother is hardworking and fond of her children but finds great difficulty in managing on a variable income.

There have been gross rent arrears and a threat of eviction on two occasions. Liaison with the Housing Authority resulted in the family being given another chance, and by consistent visiting and collection of rent on each pay day, the rent arrears have been cleared and the family able to stay together.

Since this decision the husband has taken a renewed interest in the home and has in fact improved the interior by decorating most of the rooms. He has still however failed to obtain regular employment and domestic friction and financial difficulty frequently arises.

In order to prevent the break up of this family continued supportive visits are given with constant advice on the financial affairs and payment of rent and rates. As the home is in the country there has been much follow up work given by the Health Visitor with regard to defaulting of appointments at the Eye Clinic, Remedial Exercises, Injections, etc. Help has been enlisted with fares and travel warrants in order to secure the necessary treatment for the children. School dinners were allowed for the children and the provision of clothes by the W.V.S.

Close co-operation has been maintained over this family by the Specialist Health Visitor, Children's Department, N.S.P.C.C., General Practitioner, School Staff and the National Assistance Board who are at present arranging in conjunction with the Labour Exchange a Ministry Training Scheme for the husband, to enable him to obtain regular employment and give security to his family."

#### POST CERTIFICATE COURSES.

	<i>Title.</i>	<i>Organised by.</i>	<i>Member of Staff.</i>
Feb. 1—12, 1960	"Case Work Principles"	Royal College of Nursing	Miss B. Perry
Feb. 3—Mar. 2, 1960	"Course of six lectures on the Deaf Child"	Health Visitors Course University of Southampton	Miss M. Massey Miss E. Gammage
Aug., 1960	"Refresher Course for Nurse Administrators in Public Health"	Royal College of Nursing	Miss M. A. Gibbons

#### IN-SERVICE TRAINING.

Feb. 26, 27, 1960	"Weekend Course on Mental Health."	Chairman Mrs. M. C. Barton, C.A.
June 22, 1960	"The Detection of Defects in Vision and Hearing."	Dr. Mary Sheridan.
Oct. 17, 1960	"The Assessment of Elderly Persons for Admission to the Chronic Sick Ward."	Dr. J. C. Harland, Dr. F. R. B. H. Kennedy, M.B.E., J.P.
Dec. 12, 1960	"Venereal Diseases."	Dr. H. L. Belcher, O.B.E.



TABLE XVII. ANALYSIS OF VISITS PAID BY HEALTH VISITORS.

<i>Year</i>	<i>No. of visits paid by Health Visitors</i>			
	<i>To Expectant Mothers</i>	<i>To children under 1</i>	<i>To children between 1-5</i>	<i>Other Cases</i>
1951	774	9298	7781	556
1952	487	10177	7846	588
1953	380	8317	10216	1435
1954	391	8924	10390	1431
1955	1624	10050	11349	1832
1956	2249	9708 (1081)*	12404 (1004)*	2238 (100)*
1957	1096 (156)*	8855 (842)	13672 (1957)	2590 (26)
1958	1235 (174)	10980 (913)	13665 (1298)	4631 (56)
1959	1485 (247)	10928 (1346)	12814 (930)	4821 (197)
1960	1260 (202)	13608 (1430)	15530 (1696)	4613 (242)

\*The figures in brackets are the number of "no access" visits.

Since 1956 records have been maintained of visits where for example the mother is not at home at the time of the visit and no access is gained by the health visitor and a return visit has to be paid. The number of "no access" visits is the number of persons to whom a visit was intended but not made effective owing to failure to contact the person or a responsible representative. These are shown in brackets under the various columns.

## SECTION 25—HOME NURSING SERVICE.

### General Nursing.

Miss Gibbons reports as follows :—

Of the 65,818 home nursing visits made by the District Nurses, 45,290 were to elderly persons over 65 years of age. This work is of major importance as many elderly persons live alone, or with another elderly relative. The difficulty in nursing elderly sick persons is primarily one of obtaining domestic assistance and the provision of meals, and the problem of leaving the patient alone at night. The Home Help Service gives invaluable help in this respect but only too often the Home Help has to be discontinued where great benefit is derived, in order to meet the urgent needs of a new request.

During 1960, liaison with the Regional Hospital Board has been most satisfactory in the inter-change of information regarding the admission and discharge of elderly persons. Where the strain of continuous nursing has become intolerable, a short stay for the patient in hospital has given the required rest to the relatives and the patient has been able to return home again. In many cases patients have received medical treatment and have returned home in a greatly improved condition in regard to personal independence and social acceptability. It has been found that the strain on the family of looking after the elderly persons is often not so much the difficulty of nursing the ill person, but the tension caused by regressive behaviour and the relative's loss of sleep.

The District Nurses make every effort to alleviate strain caused by these circumstances but in some cases it has been the difficulty of getting linen and clothing washed and the inability of neighbours to accept the long term anxiety of assisting old persons sleeping alone in a house at night that has made it necessary to ask for the admission of elderly sick people to hospital, although they would prefer to remain at home. A system of mobile nursing assistants on night duty included in the staff of the Home Nurses would be a great asset to the elderly people on the Island and in some instances might prevent the necessity for admission to hospital at all.

### District Nurse Training.

In co-operation with the Victoria Nursing Association, Southsea, district nurse training was provided for Miss S. Abbott, S.R.N., S.C.M., who had previously taken Part II Midwifery training with this local authority in 1959. Miss Abbott passed the examination of the Queen's Institute for District Nursing with credit and is now working as a District Nurse/Midwife in the Ryde area.

I would like to express my appreciation of the assistance of the Victoria Nursing Association for the most helpful co-operation in arranging the required lectures and practical work in the City of Portsmouth in training Island candidates under this scheme.

Since the inauguration of the National Certificate of District Nursing, it is in future necessary for candidates to undertake either four months or three months training at schools recognised by the Ministry, according to whether the candidate has had previous experience of district nursing.

In December two further candidates were accepted and arrangements made for their training, commencing in January, 1961, by the Queen's Institute of District Nursing at the Nursing Institute, Worcester and the Victoria Nursing Association, Southsea.

TABLE XVIII. NUMBER OF CASES ATTENDED- AND VISITS PAID BY HOME NURSES.

<i>Year</i>	<i>No. of cases attended by Home Nurses.</i>	<i>No. of visits paid by Home Nurses.</i>
1950	3257	67181
1951	3621	70846
1952	3772	73196
1953	4488	75981
1954	3951	79586
1955	3980	62308
1956	4410	70997
1957	3860	74596
1958	3778	65834
1959	3432	67432
1960	4056	65818

As a result of the generosity of the Marie Curie Memorial Foundation, Nurses have been able to supply comforts to necessitous patients suffering with cancer. This assistance has been given in the form of nursing aids and domestic attention and has been very much appreciated. Two patients received help of this kind during 1960.

### SECTION 26—VACCINATION AND IMMUNISATION.

#### (i) Immunisation against Diphtheria.

TABLE XIX.

Table showing the number of primary immunisations completed and the number of reinforcing injections given during 1960:

#### Immunisation in Relation to Child Population.

Number of children at 31st December, 1960, who had completed a course of immunisation at any time before that date (*i.e.*, at any time since 1st January, 1946).

<i>Age at 31-12-60 (i.e., Born in Year)</i>	<i>Under 1 1960</i>	<i>1 to 4 1956-59</i>	<i>5 to 9 1951-55</i>	<i>10 to 14 1946-50</i>	<i>Under 15 Total</i>
Last complete course of injections (whether primary or booster)					
(A) 1956-1960 ... ..	425	3503	3038	2766	9732
(B) 1955 or earlier ... ..	—	—	2505	4710	7215
Estimated mid-year child population	1190	4710	14100		20000
*Immunity Index, 1960 ... ..	35.71%	74.37%	41.16%		48.06%

\*This is defined by the Ministry as “the number of children immunised (primary or booster) during the last five years expressed as a percentage of the total estimated mid-year child population.

In Ministry of Health Circular 8/57, the Minister urged all Local Health Authorities to offer vaccine against whooping cough. The inclusion of arrangements for protection against tetanus in the County's scheme was authorised by the Ministry in February, 1958.

#### (ii) Immunisation against Diphtheria, Pertussis and Tetanus.

TABLE XX.

Table showing the number of children receiving triple vaccine only during 1960:

<i>Under 1 Born 1960</i>	<i>1—4 1956—1959</i>	<i>5—9 1951—1955</i>	<i>10—14 1946—1950</i>	<i>15 or over 1945 or earlier</i>
421	615	149	43	4

N.B.—These figures are included in Table XIX which also gives details of children receiving immunisation against diphtheria only.



(iii) **Vaccination against Smallpox.**

The following table shows the successful vaccinations carried out during the year—  
TABLE XXI.

<i>Age at Date of Vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2 to 4</i>	<i>5 to 14</i>	<i>15 or over</i>	<i>Total</i>
Number vaccinated ...	367	235	46	28	27	703
Number re-vaccinated	—	—	—	4	20	24

The percentage of infants under 1 year vaccinated during 1960 was 30.8 per cent.

(iv) **Vaccination against Poliomyelitis.**

On February 1st, 1960, the Minister of Health asked Local Authorities to extend their arrangements for vaccination against poliomyelitis by offering vaccination to all persons who had not at the time of their application for vaccination reached the age of forty and also to the following small groups :—

- Persons going to visit or reside in any country outside Europe other than Canada or the United States of America.
- Practising dental surgeons, dental students, dental hygienists, student hygienists, dental surgeons' chairside assistants and their families.
- Practising nurses not working in hospitals (those working in hospitals are already eligible) and their families.
- Public health staff who might come into contact with poliomyelitis cases, and their families.

Coincidental with the official announcement arrangements were already in hand for a follow-up to the 1959 Island campaign to encourage young persons of the 16-26 year age group to register for vaccination who had previously failed to do so. It was therefore decided to revise the programme and publicise the availability of vaccination to all up to the age of forty.

Special combined registration and vaccination sessions were held and public response proved most heartening. It would be invidious to mention individuals, who again willingly assisted, but I would record my grateful thanks to :—

- All voluntary helpers, including local press advertisers and personnel managers of several large firms.
- A leading manufacturer of poliomyelitis vaccine who again provided gratuitously a liberal supply of propaganda material.
- General practitioners for their continued enthusiastic co-operation.

It is gratifying to note that no case of poliomyelitis occurred for the third successive year. My departmental statistics show that an estimated percentage of 95 per cent of Island children from 6 months to school leaving age have now received at least the minimum protection of two injections against the virus. This excellent result is in no small measure due to the efforts of nursing and health visiting staff primarily at ante-natal and infant welfare clinics.

The following Table gives particulars of poliomyelitis vaccinations completed during the year :—  
TABLE XXII.

**Summary of Poliomyelitis Vaccinations completed 1960.**

<i>Age Group</i>	<i>Received two injections</i>	<i>Received three injections</i>
Under school age ... ..	999	1488
School age ... ..	260	1933
Young persons born 1933-1942 ... ..	738	4267
Adults born 1920-1932 ... ..	3865	1139
Others ... ..	51	86
Total ... ..	5913	8913

From this Table it will be observed that during 1960, 8913 children and adults received three injections of poliomyelitis vaccine. Up to the end of 1959, 16,989 persons had been protected against poliomyelitis by three injections, making a total of 25,902 persons protected by the end of 1960.

The approximate population of children born in the years 1943-1959 plus six months of 1960 inclusive was 22,563. Of these 22,040 were registered for poliomyelitis vaccination at the end of 1960, giving a percentage of 97.7 per cent. The percentage of those who were vaccinated, either fully or partially at the end of the year was 92.8 per cent.

### SECTION 27—AMBULANCE SERVICE.

The total number of patients and mileage covered by the Ambulance and Hospital Car Service were higher in the financial year 1960-61 than in 1959-60.

The statistics in recent years are summarised in the Table below and Table XXIII but it will be observed that the average number of miles per patient fell from 6.2 to 5.7.

Once again I should like to express my appreciation to the Chief Fire Officer, Mr. R. F. Sullivan, M.B.E., for agreeing to be responsible for the operational control of the ambulance service. The following figures are based on the monthly returns which he submits to me together with the returns from the agency services in Ryde and Ventnor.

<i>Ambulance and Hospital Car.</i>	1956-57	1957-58	1958-59	1959-60	1960-61
Total Number of Patients ... ..	39,151	41,499	43,243	50,945	57,133
Total Mileage ... ..	290,447	291,325	297,059	315,945	328,233
Average No. of miles per patient ... ..	7.4	7.0	6.9	6.2	5.7
No. of patients carried per 1000 population ...	416	442	462	504	614

Included in the above figures are hospital car journeys. This service is administered on behalf of the County Council by the W.V.S. who operate a service of volunteer car drivers who on the 31st December numbered 32. In June 1960 Miss C. Hind retired after ten years of devoted service as Hospital Car Organiser. In carrying out her duties she put more enthusiasm and interest into her work than would normally be expected of an officer occupying this post, and this was much appreciated by the County Council.

The extent to which the demand on the hospital car service has increased since 1952 together with the annual trend in ambulance usage is shown in the following table.

TABLE XXIII.

TABLE SHOWING USAGE OF AMBULANCES AND HOSPITAL CARS SINCE 1952.

	<i>Mileage</i>			<i>Patients Conveyed</i>		
	<i>Ambulances (including Agency Service)</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>	<i>Ambulances</i>	<i>Hospital Cars</i>	<i>Hired Cars</i>
Year Ending March 1952	92204	132400	2480	7784	18708	153
1953	94816	151781	2766	8383	20866	207
1954	89224	162893	3200	8402	24800	279
1955	86071	178465	2085	8502	29051	185
1956	100767	195448	1427	11227	33748	99
1957	96256	193856	335	8666	30433	52
1958	95984	195159	182	8583	32899	17
1959	94020	202824	215	7500	35732	11
1960	91032	224127	786	7890	43007	48
1961	93671	233681	881	8494	48582	57

TABLE XXIV. shows the use which has been made of the ambulance service during the financial year 1960-61.

		<i>No. of Vehicles on 31st March, 1961.</i>	<i>Total No. of patients carried during the year ended 31st March, 1961.</i>	<i>Total No. of Journeys during the year ended 31st March, 1961.</i>	<i>Total Mileage during the year ended 31st March, 1961.</i>	<i>No. of Journeys to Mainland by Island Ambulances.</i>	<i>No. of Mainland Journeys arranged through other Authorities.</i>
(1)		(2)	(3)	(4)	(5)	(6)	(7)
Directly Provided Service ...	*Ambulances	7	8298	4696	89306	55	78
	Cars ...	—	—	—	—	—	—
†Agency Service ...	Ambulances	1	196	143	4365	1	—
	Cars ...	—	—	—	—	—	—
Supplementary Services ...	Ambulances	—	—	—	—	—	—
	Cars ...	30	48582	14948	233681	—	118
	Hired Cars ...	As and when required	57	52	881	—	—

\*Including 1 Utilecon "Sitting-case" vehicle.

†Temporarily suspended from October, 1960.

The County Medical Officer authorised the use of helicopters from the Royal Air Force Southern Rescue Centre, Plymstock, to convey seriously ill patients to Regional Centres on the mainland on five occasions during the year. The details of the cases can be summarised as follows:—

<i>Details of Patient.</i>	<i>Diagnosis.</i>	<i>Destination.</i>
1. Male	Traumatic Paraplegia	Stoke Mandeville Hospital, Bucks.
2. Female	Serious Head Injury	Atkinson Morley Hospital, Wimbledon
3. Female	Encephalitis	National Hospital for Nervous Diseases, London
4. Male	Severe Head Injury	Great Ormond Street, Hospital, London
5. Male	Severe Head Injury	Atkinson Morley Hospital, Wimbledon

## SECTION 28—PREVENTION OF ILLNESS: CARE AND AFTER CARE.

### Tuberculosis.

I should like here to express my appreciation for the degree of co-operation offered to medical officers and health visiting staff by the Chest Physician Dr. E. F. Laidlaw and his Assistant Physician Dr. D. G. Sloan. Their help and advice has been particularly valuable during the year not only in routine prevention and after-care, but also in the County scheme for safeguarding the health of pupils in schools.

Dr. Laidlaw has kindly prepared the following report on Tuberculosis in the Isle of Wight in 1960.



## CHEST SERVICES.

*Newport Chest Clinic.*

There was an increase in the number of attendances at the Chest Clinic from 2,937 in 1959 to 3,432 in 1960, of whom rather more than 500 were seen as out-patients at the Royal National Hospital. The number of patients seen for the first time also increased from 567 (including 103 contacts) to 669 (including 116 contacts). These increases were due partly to the visit of the Mass Radiography Unit.

The number of new cases notified was 47 (30 men, 14 women and 3 children) ; four of these (two men, one woman and one child) had non-pulmonary tuberculosis : this is an increase upon the previous year which again may be attributed partly to work of the M.R.U. Of the adults with pulmonary tuberculosis, 13 were under 40 years of age and 28 were over 40.

*The Mass Radiography Survey.*

It was two and a half years since the last survey ; the current one, carried out for the first time by the Southampton Unit, took place in May-July, 1960 ; there was a later visit of a few days duration in October.

Though Mass Radiography was originally introduced as a means of bringing to light cases of tuberculosis, and though this is still thought of as its principal object, it does also lead to the discovery of a number of other maladies. Seven people (6 men and 1 woman) were found in the present survey to have cancer of the lung, and other conditions of significance were found in 101 individuals.

*The Royal National Hospital.*

During the year 75 patients from the Island (44 men and 31 women) were discharged from hospital after treatment for tuberculosis. The average stay of the men was 112 days and of the women 86. The total bed occupancy during the year for tuberculous patients was 17.4. Patients treated for chest conditions other than tuberculosis, and discharged during the year, numbered 147 men and 68 women—215 in all. The average stay was 17 days and the bed occupancy 10.

*Infectious Cases of Tuberculosis.*

The Chest Physicians have two principal aims : first the treatment and continued supervision of those who have tuberculosis ; and secondly the discovery and removal of sources of infection to the community : these two aims naturally, for the most part, go hand in hand.

Nineteen persons were found, during 1960, while living at home, to be possibly infectious ; a decrease of 10 on the previous year : however too much significance must not be given to these figures. A number of the patients (5) were newly diagnosed and the positive finding was the occasion for their admission to hospital ; some others were already under treatment at home and others, again, resumed treatment either at home or in hospital ; one died at home during 1960 and another early in 1961, and one left the Island.

It is possible to divide such cases into those likely to be definitely or markedly infectious and those who, although evidence of possible infectivity may be discovered by sufficiently careful search, are, as a matter of experience, unlikely to infect others, although this might occur. Of the 19 cases notified, as a result of the Mass Radiography Campaign, only five came in this latter category and none at all in the former. Among their families only one individual (who had not attended the M.R.U.) was found to have tuberculosis, and there is little to indicate which of the two members of this family is likely to have infected the other. Of all the newly notified cases for the year only five come into the category of those who were unequivocally infectious ; three of these were men of about 60, one was an elderly lady and one was a boy at school. In this last case examination of his family, his school fellows, school staff and a number of members of a Youth Club, did not reveal any source of infection ; two other members of the family have subsequently developed tuberculosis. No other individual in the families of these five has been found to have tuberculosis. Three of the five had never previously had chest X-ray examinations.

Where numbers are small it is not possible to draw conclusions with certainty ; but it does seem that sources of infection are most likely to be found among those who have not yet attended the M.R.U. examinations, and are most likely to occur among men of the fifth and later decades. The Survey was undoubtedly of great value in revealing a number of hitherto unknown cases although it did not, on this occasion, reveal any that were very likely to have been a danger to the community. It is hoped that the Unit will pay a further visit to the Island next year, and it is believed that its most valuable work will lie in the examination of men of middle age and over.

E. F. LAIDLAW,  
*Chest Physician.*

## MASS RADIOGRAPHY.

I am pleased to report that a most satisfactory liaison has been established with the Mass Radiography Centre in Southampton. This has only been possible through the personal endeavour of Dr. M. E. Moore and his Organising Secretary Mr. E. Brown. For a considerable period preceding the visit of the Mass Radiography Unit they found time to visit the Island personally on a number of occasions to discuss with medical officers and representatives of the health visiting service and the Chest Physicians the plans for the coming campaign and it was mutually agreed that for the period of their visit the health visitor who specialised in Tuberculosis should act as liaison officer between the Unit, the Local Authority and the Chest Clinic.

The results have shown that the visit was most profitable in bringing to light some interesting facts and we agreed that a further visit should be paid in 1962 if possible.



Dr. Moore has consented to the relevant parts of his report being reproduced and these are as follows :—

#### ISLE OF WIGHT SURVEY 1960.

At the request of the Regional Hospital Board the Southampton Unit was asked to visit the Isle of Wight during 1960. For a period of eight weeks during May, June and July the unit carried out surveys of the larger industrial sites, the general public and penal establishments. A total of 21 sites were visited. The general public sessions were worked on a full day session from 9 a.m. to 9 p.m. with the staff on a shift system, and 26 evening sessions were held. This method worked out quite satisfactorily and enabled the survey to be concluded in a comparatively short time, so as to enable us to carry out our routine commitments in our normal working area.

The total number of persons X-rayed was 14,471 (Table A).

The number of cases of significant pulmonary tuberculosis discovered was 104, giving an incidence of 7.12 per 1,000 ; for males, 8.58 per 1,000 and females, 5.26 per 1,000. Out of the 104 persons, 36 were reported as needing close clinic supervision or treatment, an incidence of 2.49 per 1,000 ; for males, 3.22 per 1,000 and females, 1.48 per 1,000 (Table C).

The incidence in the various sexes and age groups is shown in Table B and it will be noted that by far the highest incidence is in the older male age groups, and this is in accord with the national findings.

Out of the total, 5,957 or 41 per cent had not been X-rayed previously. This group normally produces a much higher incidence of pulmonary tuberculosis, but in this survey the incidence was 8.8 per 1,000 never X-rayed and 5.9 per 1,000 previously X-rayed.

The number of persons who have so far produced a positive bacteriological examination for tubercle bacilli is, 5 males and 1 female.

The survey analysis is shown in Table D and the incidence in respect of persons requiring close clinic supervision or treatment is :—

General Public ... ..	15 persons—an incidence of 1.78 per 1,000.
Industrial Groups ... ..	12 persons—an incidence of 2.2 per 1,000
General Practitioners' Group ... ..	3 persons—an incidence of 71.4 per 1,000
Borstals, Prisons, etc. ... ..	6 persons—an incidence of 9.6 per 1,000

One always expects the General Practitioners' Group to show the highest incidence, but in this survey the figures are disproportionately high owing to the small number X-rayed in that group.

The number of cases of cancer of the lungs was 7, an incidence of 0.48 per 1,000. If the 6 male cases are related to the males X-rayed in the 45 and over age groups, then the incidence is 1.9 per 1,000.

The findings of other non-tuberculous abnormalities are shown in Table C, Section B, and the only condition that warrants special mention is pulmonary sarcoidosis, of which 9 cases were discovered. This is a systemic condition in which the pulmonary manifestations are often a chance discovery, and some authorities in this country think that it is allied to pulmonary tuberculosis. The 7 cases of non-malignant neoplasms included 3 intrathoracic extensions of the thyroid, 1 bronchial cyst, 1 adenoma of the bronchus, 1 haematoma of lung and 1 pericardial cyst.

The Unit returned to the Island for eight days in October to X-ray Whitecroft Hospital and the County Council Guest Houses, etc. The number of persons examined was 830 (Table E).

I should like to acknowledge the very real help given to us by Dr. Machell and all members of his staff, and also the Chest Physicians and their staff, who have been most helpful in giving us follow up reports on the many persons referred to them for further investigation.

M. E. MOORE,

January, 1961.

*Medical Director.*

WESSEX REGIONAL HOSPITAL BOARD

MASS RADIOGRAPHY STATISTICS—ISLE OF WIGHT SURVEY (JUNE 1960)

TOTAL NUMBERS EXAMINED BY MINIATURE FILM AND AGE GROUP DISTRIBUTION

TABLE A

		Age Group Distribution																		Total			
		Under 14 years		14 years		15—19		20—24		25—34		35—44		45—54		55—59		60—64				65 and over	
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%			No.	%
Male	—	—	—	—	835	5.8	643	4.4	1687	11.7	2068	14.3	1709	11.8	645	4.5	400	2.8	402	2.8	8389	58.0	
Female	—	—	—	—	707	4.9	671	4.6	1168	8.1	1289	8.9	1106	7.6	489	3.4	284	2.0	368	2.5	6082	42.0	
Total	—	—	—	—	1542	10.7	1314	9.1	2855	19.7	3357	23.2	2815	19.5	1134	7.8	684	4.7	770	5.3	14471	100.0	

Number recalled for Repeat Film examination—557 (per cent of total examined—3.8)

TABLE B

ANALYSIS BY AGE—CASES SHOWING EVIDENCE OF SIGNIFICANT PULMONARY TUBERCULOSIS (Rate per 1,000 in each group)

	Under 14 years		14 years		15—19		20—24		25—34		35—44		45—54		55—59		60—64		65 and over		Total previous columns	Rate per 1000
	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000	No.	Per 1000		
Male	—	—	—	—	—	—	2	3.11	8	4.74	15	7.25	21	12.29	10	15.50	8	20.00	8	19.90	72	8.58
Female	—	—	—	—	1	1.41	3	4.47	3	2.57	11	8.53	7	6.33	5	10.22	1	3.52	1	2.72	32	5.26
Total	—	—	—	—	1	0.65	5	3.80	11	3.85	26	7.74	28	9.95	15	13.23	9	13.16	9	11.69	104	7.12

TABLE C  
ANALYSIS OF ABNORMAL FINDINGS

SECTION A	Male	Female	Total	Rate per 1000
<i>Newly discovered cases of Pulmonary Tuberculosis</i>				
O. Cases of tuberculosis referred to the Chest Clinics or Hospitals, and considered on investigation to require close clinic supervision or treatment ... ..	27	9	36	2.49
(a) Non Infectious ... ..	20	8	28	1.93
(b) Infectious ... ..	5	1	6	0.41
(c) Not determined ... ..	2	—	2	0.14
(d) Recommended for domiciliary treatment ... ..	3	—	3	0.21
(e) Recommended for hospital treatment ... ..	11	5	16	1.11
1. Cases of tuberculosis requiring occasional out-patient supervision only ... ..	45	23	68	4.70

SECTION B				
<i>Non Tuberculous Conditions</i>				
2. Malignant neoplasms—				
(a) Primary Carcinomas ... ..	6	1	7	0.48
(b) Others ... ..	—	—	—	—
3. Non Malignant neoplasms ... ..	3	4	7	0.48
4. Lymphadenopathious, excluding sarcoids ... ..	—	—	—	—
5. Sarcoids (including enlarged hilar glands) ... ..	7	2	9	0.62
6. Congenital cardiac abnormalities and abnormalities of the vascular system ... ..	4	3	7	0.48
7. Acquired cardiac abnormalities and abnormalities of the vascular system ... ..	14	18	32	2.21
8. Pneumoconiosis without P.M.F. ... ..	—	—	—	—
9. Pneumoconiosis with P.M.F. ... ..	—	—	—	—
20. Bacterial and virus infection of lung (including pneumonitis) ...	7	5	12	0.83
21. Bronchiectasis ... ..	9	5	14	0.97
22. Pulmonary fibrosis (non-tuberculous) ... ..	6	1	7	0.48
23. Spontaneous pneumothorax ... ..	—	1	1	0.07
24. Abnormalities of the diaphragm and oesophagus (congenital and acquired) ... ..	1	11	12	0.83
25. Pleural effusion (non-tuberculous) ... ..	—	—	—	—

TABLE D  
SURVEY ANALYSIS (Organised Groups) (June Visit)

Type of Survey	Number Examined			Numbers showing evidence of significant Pulmonary Tuberculosis					
	Male	Female	Total	Male		Female		Combined Total	Combined Incidence per 1000
				No. 0	No. 1	No. 0	No. 1		
A General Public (7)	3400	5017	8417	8	26	7	23	64	7.60
B Industrial Groups (5) and (6)	4337	1045	5382	10	16	2	—	28	5.20
C School Children (incls. 3)	—	—	—	—	—	—	—	—	—
D General Practitioner Groups (2)	23	19	42	3	—	—	—	3	71.43
E Mental Hospitals and Institutions (9)	—	—	—	—	—	—	—	—	—
F National Service Recruits (1) and (6) where applicable	—	—	—	—	—	—	—	—	—
G Contacts (4)	7	1	8	—	—	—	—	—	—
H Outpatients—General Hospitals (0)	—	—	—	—	—	—	—	—	—
J Ante-Natal Groups (8)	—	—	—	—	—	—	—	—	—
K Borstals, Prisons and Approved Schools (6x)	622	—	622	6	3	—	—	9	14.47

0—Close Clinic Supervision      1—Occasional Supervision



TABLE E  
**SURVEY ANALYSIS (Organised Groups) (October Visit)**

<i>Type of Survey</i>		<i>Number Examined</i>		<i>Numbers showing evidence of significant Pulmonary Tuberculosis</i>					
		<i>Male</i>	<i>Female</i>	<i>Total</i>	<i>Male</i>		<i>Female</i>		<i>Combined Incidence per 1000</i>
					<i>No.</i> 0	<i>Incidence per 1000</i>	<i>No.</i> 0	<i>Incidence per 1000</i>	
A	General Public (7)	29	36	65	1	34.45	—	—	15.38
B	Old People's Homes, Etc. (5) and (6)	95	151	246	—	10.53	1	19.87	16.26
C	School Children (incls. 3)	—	—	—	—	—	—	—	—
D	General Practitioner Groups (2)	—	—	—	—	—	—	—	—
E	Mental Hospitals (patients and staff) (9)	193	326	519	3	41.45	1	15.34	25.05

The total number of cases of significant pulmonary tuberculosis discovered during the two visits was 122, giving an incidence of 7.97 per 1,000. For males, 9.42 per 1,000, and females 6.06 per 1,000. Out of the 122 persons, 42 were reported as needing close clinic supervision or treatment, an incidence of 2.74 per 1,000. For males, 3.56 per 1,000 and females, 1.67 per 1,000.

### Tuberculosis and B.C.G. Vaccination Statistics.

The following figures show the position with regard to the vaccination against tuberculosis of school children attending the Council's maintained schools :—

Number of children who had preliminary tuberculin test	...	...	...	...	...	1073
Number found with positive reaction	...	...	...	...	...	158
Number found with negative reaction	...	...	...	...	...	895
Number vaccinated with B.C.G.	...	...	...	...	...	877*
Number tested but absent on day of reading of test	...	...	...	...	...	20

\*Includes 4 tested in 1959 and vaccinated in 1960.

Consent of a parent in all cases is sought to the preliminary testing, the vaccination and the post vaccination test. During the year the refusals were approximately 14.3 per cent.

Contacts of cases of tuberculosis who are not included in the 13 year old group for which the County Council is responsible under their B.C.G. Scheme, are tested and vaccinated at the Chest Clinic under arrangements made by Dr. E. F. Laidlaw. He reports the following results in 1960 :—

Number of skin and mantoux tests performed	...	551
(a) Found positive	...	422
(b) Found negative	...	129
Number of post B.C.G. tests carried out	...	390

During 1960, 90 contacts of patients suffering from tuberculosis, and members of the nursing staff of hospitals were vaccinated.

Table XXV shows the position of the tuberculosis register at the beginning and end of the year and from it can be noted that of the 89 new additions, 47 were primary notifications, 41 were cases removed from other areas and one case returned to the Island. It is gratifying to note that the number of notifications of non-pulmonary tuberculosis was the lowest ever recorded.

TABLE XXV.—SUMMARY OF TUBERCULOSIS REGISTERS WHICH CONTAINED 890 CASES ON THE 1st JANUARY and 921 ON THE 31st DECEMBER, 1960.

*Note.*—This table does not include the deaths of persons not previously notified as suffering from tuberculosis and therefore not on the registers.

Number of Patients	Pulmonary		Non-Pulmonary		Total		Grand Total	
	M.	F.	M.	F.	M.	F.		
<i>Cases added to Register :</i>								
Fresh cases arising on the Island ...	28	15	2	2	30	17	47	
Cases removed from other areas ...	27	14	—	—	27	14	41	
Old case 'left' returned ... ..	1	—	—	—	1	—	1	
Old case 'cured' re-admitted ... ..	—	—	—	—	—	—	—	
Category corrected ... ..	—	—	—	—	—	—	—	
<hr/>								
Total cases added to register during year	56	29	2	2	58	31	89	
<hr/>								
<i>Cases removed from Register :</i>								
Cases removed to other areas ... ..	17	15	1	2	18	17	35	
Removed 'lost sight of' ... ..	—	—	—	—	—	—	—	
Removed—Diagnosis unconfirmed ... ..	—	—	—	—	—	—	—	
Removed from Register as being 'cured'	2	—	—	—	2	—	2	
Category corrected ... ..	—	—	—	—	—	—	—	
Died during 1960 ... ..	4	1	—	—	4	1	5	
Died from other diseases... ..	9	6	—	1	9	7	16	
<hr/>								
Total removals during year ... ..	32	22	1	3	33	25	58	
<hr/>								
Cases on Register at the end of 1959 ...	393	308	85	104	478	412	890	
<hr/>								
Cases on Register at the end of 1960 ...	417	315	86	103	503	418	921	

The distribution of new cases and deaths by age-period and type are shown in the following table.

TABLE XXVI.—NEW CASES AND DEATHS FROM TUBERCULOSIS 1960.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory System.		Other Forms.		Respiratory System.		Other Forms.	
	M.	F.	M.	F.	M.	F.	M.	F.
0— ...	—	—	—	—	—	—	—	—
1— ...	—	—	—	—	—	—	—	—
5— ...	—	—	—	1	—	—	—	—
10— ...	—	1	—	—	—	—	—	—
15— ...	2	1	—	—	—	—	—	—
20— ...	4	3	1	1	—	—	—	—
25— ...	7	10	—	—	—	—	—	—
35— ...	12	5	—	—	—	1	—	—
45— ...	7	5	—	—	1	—	—	—
55— ...	16	1	1	—	2	—	—	—
65 and upwards	8	3	—	—	1	—	—	—
Totals 1960 ...	56	29	2	2	4	1	—	—
Totals 1959 ...	40	28	4	11	2	1	1	—

It will be seen in Table XXVI that there were six more notifications of all forms of tubereulosis, and one more death compared with 1959. The cases notified include 41 transfers to the Island, and one case of a patient who had returned from the mainland. It is interesting to note that 41 of the 89 new cases shown in this Table, or 46 per cent, were persons who have come to reside in the County.

Table XXVII shows the trend by sexes and type of new Island cases of tubereulosis notified during the last 25 years.

TABLE XXVII.—DETAILS OF NOTIFICATIONS OF TUBERCULOSIS RECEIVED.  
(NEW ISLAND CASES ONLY.)

Year.	Pulmonary.				Non-Pulmonary.				Total.
	Male	Female			Male	Female			
1936 ...	26	29	55	} 284	8	14	22	} 123	77
1937 ...	35	28	63		26	17	43		106
1938 ...	30	29	59		8	15	23		82
1939 ...	33	23	56		10	7	17		73
1940 ...	34	17	51		14	4	18		69
1941 ...	24	18	42	} 352	10	14	24	} 101	66
1942 ...	50	21	71		12	18	30		101
1943 ...	49	38	87		10	4	14		101
1944 ...	49	33	82		7	13	20		102
1945 ...	39	31	70		11	2	13		83
1946 ...	42	20	62	} 304	5	9	14	} 111	76
1947 ...	37	36	73		17	11	28		101
1948 ...	23	18	41		8	16	24		65
1949 ...	43	27	70		14	10	24		94
1950 ...	32	26	58		9	12	21		79
1951 ...	30	26	56	} 264	12	21	33	} 123	89
1952 ...	35	23	58		19	11	30		88
1953 ...	24	21	45		18	9	27		72
1954 ...	39	20	59		9	11	20		79
1955 ...	22	24	46		7	6	13		59
1956 ...	24	18	42	} 217	6	5	11	} 41	53
1957 ...	36	21	57		3	5	8		65
1958 ...	29	11	40		4	5	9		49
1959 ...	25	10	35		2	7	9		44
1960 ...	28	15	43		2	2	4		47



### After Care and other provision.

Extra nourishment was provided during the year for four sufferers from tuberculosis. Bedding was provided for one patient.

The Tuberculosis Health Visitor attended 209 sessions at the Chest Clinic and paid 807 visits (including 200 "no access" visits) of which 96 were first visits, 221 subsequent visits and 280 special visits. The purpose of these visits was to investigate social conditions, to search for contacts and arrange for their examination at the Chest Clinic.

In addition, the District Nurses paid 428 nursing visits to tuberculous patients.

Through the County Council's arrangements under Section 28, for the after care of persons suffering from illness, three persons were sent for a recuperative holiday during the year, one to the Harriet Guy Memorial Home, Gurnard, one to Maybury Hill, Woking, and one to Horseshoe Cottage Nursing Home, Bonchurch.

Much can be done to ease chronic or incurable illness and to speed convalescence by the provision of adequate modern loan equipment in the way of special chairs, hoists, walking aids, bed cradles, bed pans or cushions, and similar requisites. This very important service which the County Council undertook to provide under Sections 25 and 28 at the inception of the National Health Service, has only been possible at its present standard through the co-operation of the British Red Cross Society and St. John Ambulance Brigade who maintain stores and assist with issues in various parts of the Island.

### Venereal Disease.

Dr. H. L. Belcher, Consultant Vencrologist, submits the following report :—

"During 1960, although the numbers are small, the upward trend in all cases, but particularly in gonorrhoea, has continued ; the teenage group has also shown a very slight increase, not so evident, however in the Island, as in the large towns.

A case of primary syphilis in a Merchant Seaman, acquired in Buenos Aires, is the first recorded in the Island for many years. Although an Islander, he appears to have had no contacts locally before diagnosis and treatment.

The Health Visitor on the staff of the Clinic has continued to prove her great usefulness, especially in contact tracing.

The first three months of 1961 show that the upward trend continues, and there is therefore no room for complacency, nor should there be any reduction in any efforts to combat the spread of the Venereal Diseases, especially in the younger age group."

### SECTION 29—HOME HELP SERVICE.

Mrs. W. Janion, Home Help Organiser, reports as follows :

"The total number of cases dealt with during this year amounted to 604, a rise of 18 on the previous year. Of this number

Aged and Chronic Sick accounted for	...	...	...	...	461
Confinements accounted for	...	...	...	...	73
Other families, including four problem families, accounted for	...	...	...	...	68
Tuberculosis	...	...	...	...	2
Total	...	...	...	...	604

Forty-three of the above cases were discharged from hospital.

Fifty-six home helps were employed—28 full-time, 28 part-time.

The emergency night sitting-in service attended 12 cases.

It will be noticed that the yearly rise in the number of cases continues, especially in the aged and chronic sick group."

TABLE XXVIII.—HOME HELP SERVICE—MONTHLY CASE LOAD, 1960  
(Figures for 1959 in brackets)

Month	No. of Cases served	Contributions required in full	Part Contributions required	No Contribution required
January ...	318 (304)	28 (17)	264 (255)	26 (32)
February ...	323 (309)	28 (16)	264 (264)	31 (29)
March ...	324 (297)	31 (17)	266 (247)	27 (33)
April ...	322 (305)	31 (21)	266 (254)	25 (30)
May ...	325 (315)	34 (25)	270 (257)	21 (33)
June ...	339 (313)	42 (24)	277 (256)	20 (33)
July ...	337 (319)	35 (22)	281 (263)	21 (34)
August ...	336 (311)	22 (25)	292 (256)	22 (30)
September ...	334 (317)	18 (24)	294 (266)	22 (27)
October ...	318 (316)	13 (24)	283 (259)	22 (33)
November ...	323 (310)	11 (29)	284 (258)	28 (33)
December ...	319 (306)	16 (26)	279 (252)	24 (28)



### INFECTIOUS DISEASES.

The notifications of infectious diseases received from general practitioners are set out in Tables XXIX, XXX and XXXI. Table XXIX shows the various types of diseases according to sanitary districts ; Table XXX gives a summary of some of the various diseases over the past ten years and Table XXXI sets out the age groups of certain infectious diseases.

It will be observed that the total number of notifications received in 1960 was the lowest recorded in the past ten years. This is mainly due to the fact that the measles and whooping cough figures are the lowest.

Again, no cases of smallpox, diphtheria or poliomyelitis were recorded.

Deaths from infectious diseases were as follows :—

- 70 deaths due to pneumonia.
- 22 deaths due to other respiratory diseases.
- 5 deaths due to pulmonary tuberculosis.
- 4 deaths due to gastro enteritis and diarrhoea.
- 2 deaths due to influenza.

TABLE XXIX.—NOTIFICATIONS MADE TO MEDICAL OFFICERS OF HEALTH DURING THE YEAR ENDED 31st DECEMBER, 1960.

	Isle of Wight Rural District	Cowes.	Newport.	Ryde.	Sandown- Shanklin.	Ventnor.	Totals.
Scarlet Fever ... ..	13	1	31	18	1	2	66
Diphtheria ... ..	—	—	—	—	—	—	—
Enteric Fever ... ..	—	—	—	—	—	—	—
Pneumonia ... ..	—	—	1	1	—	3	5
Puerperal Pyrexia ...	1	—	—	—	—	—	1
Acute Poliomyelitis :							
Paralytic ... ..	—	—	—	—	—	—	—
Non-Paralytic ...	—	—	—	—	—	—	—
Acute Encephalitis :							
Infective ... ..	—	—	—	—	—	—	—
Post Infectious ...	—	—	—	—	1	—	1
Erysipelas ... ..	6	—	2	—	—	—	8
Ophthalmia Neonatorum	—	—	—	1	—	—	1
Measles ... ..	4	1	4	38	5	1	53
Whooping Cough ...	7	2	2	5	19	—	35
Dysentery ... ..	1	—	7	—	—	—	8
Meningoccal Infection	—	—	—	3	—	—	3
Paratyphoid Fever ...	—	—	—	—	—	—	—
Food Poisoning ... ..	4	—	—	1	—	—	5
*Pulmonary Tuberculosis	7	16	26	17	12	6	84
Other forms of Tuberculosis	—	1	1	—	1	1	4
Totals ... ..	43	21	74	84	39	13	274

\*N.B.—These figures include notifications of 41 pulmonary cases which have come to reside in the Island.

TABLE XXX.—NOTIFICATIONS OF CERTAIN INFECTIOUS DISEASES RECEIVED FOR THE TEN YEARS, 1951-1960.

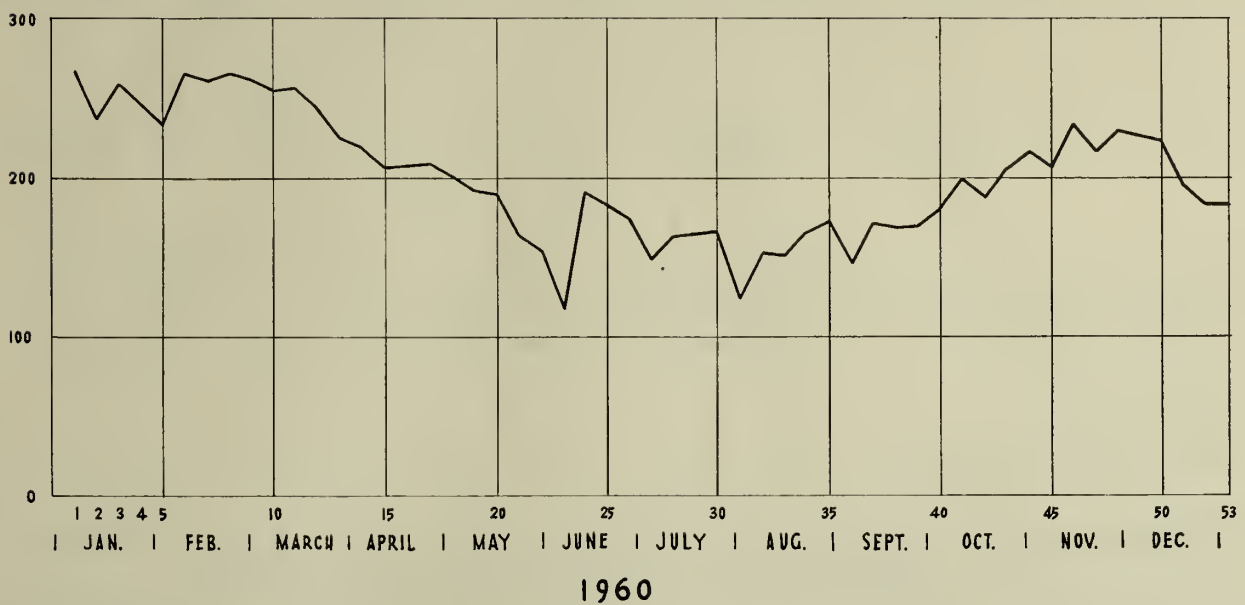
<i>Disease.</i>	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Smallpox ... ..	—	—	—	—	—	—	—	—	—	—
Scarlet Fever ... ..	31	59	79	62	55	33	29	22	52	66
Diphtheria ... ..	—	1	—	—	—	—	—	—	—	—
Enteric Fever ... ..	—	—	—	—	—	—	—	1	—	—
Paratyphoid Fever ... ..	1	2	—	—	—	—	1	1	2	—
Pneumonia ... ..	34	14	39	13	22	21	9	10	35	5
Puerperal Pyrexia ... ..	6	2	7	6	6	—	2	4	—	1
Meningococcal Infection ... ..	2	—	2	1	—	1	1	—	1	3
Acute Poliomyelitis and Polio Encephalitis ... ..	11	12	5	9	11	17	5	—	—	—
Acute Encephalitis Infective ... ..	—	—	2	—	—	—	—	—	—	—
Ditto, Post Infectious ... ..	—	—	—	2	—	—	—	—	—	1
Erysipelas ... ..	7	4	9	8	6	10	8	1	12	8
Ophthalmia Neonatorum ... ..	1	—	—	—	—	1	—	1	—	1
Measles ... ..	1825	201	2946	277	984	568	737	1498	681	53
Whooping Cough ... ..	581	123	446	157	180	70	36	109	123	35
Dysentery ... ..	8	—	1	6	2	9	1	19	51	8
Malaria ... ..	—	—	—	—	—	—	—	—	—	—
Food Poisoning ... ..	4	1	13	4	34	7	30	95	51	5
*Tuberculosis Pulmonary ... ..	84	99	74	107	76	76	93	63	66	84
*Tuberculosis Non-Pulmonary ... ..	33	33	29	22	17	11	8	10	14	4
Totals ... ..	2628	551	3652	674	1393	824	960	1834	1088	274

\*Includes transfers from mainland areas.

TABLE XXXI.—CERTAIN INFECTIOUS DISEASES NOTIFIED IN THE ISLAND DURING 1960 ACCORDING TO AGE GROUP.

Age.	Scarlet Fever.	Poliomyelitis. Paralytic Non-P <sup>l</sup> ytic	Measles	Whooping Cough.	Food Poisoning.
Under 1	—	—	1	—	—
1 and under 2	1	—	5	3	—
2 and under 3	3	—	4	3	—
3 and under 4	6	—	8	3	—
4 and under 5	5	—	3	5	—
5 and under 10	42	—	29	19	1
10 and under 15	6	—	1	—	—
15 and under 25	—	—	2	1	1
25 and under 35	—	—	—	—	—
35 and under 45	2	—	—	1	—
45 and under 65	1	—	—	—	2
65 and over	—	—	—	—	1
Total ... ..	66	—	53	35	5

# NUMBER OF NEW CLAIMS FOR SICKNESS BENEFIT PER WEEK (MINISTRY OF NATIONAL INSURANCE RETURNS)



(Table drawn by Miss M. W. Warder of the County Architect's Department)

## REGISTRATION OF NURSING HOMES.

### Public Health Act, 1936, Sections 187 and 195.

During 1960 no new homes were registered, two were closed and 14 were on the register on the 31st December, 1960. Of these, four were for maternity cases, four for medical cases only, one for maternity and medical and five for convalescent cases only (four for adults and one for children).

Thirty-nine visits of inspection to the registered homes were made by nursing staff during the year.

## FOOD AND DRUGS ACT, 1955.

### INSPECTION AND SUPERVISION OF FOOD.

Sampling duties are undertaken by the staff of the Weights and Measures Department of the Council and I am grateful to Mr. G. Holden, Chief Inspector of Weights and Measures, for the following report on sampling undertaken during the year 1960-61.

TABLE XXXII. FOOD AND DRUGS RESULTS OF ANALYSIS OF SAMPLES SUBMITTED FOR EXAMINATION DURING THE YEAR ENDED 31st MARCH, 1961.

Description of Sample.							Number obtained.	Number certified as satisfactory.	Number certified as adulterated or not up to standard.
Milk, liquid	...	...	...	...	...	...	201	187	14
Cheese Products	...	...	...	...	...	...	3	3	—
Cream and Cream Products	...	...	...	...	...	...	1	1	—
Drugs and medicines	...	...	...	...	...	...	11	11	—
Edible fats	...	...	...	...	...	...	15	15	—
Fish products	...	...	...	...	...	...	2	2	—
Flour and flour confectionery	...	...	...	...	...	...	6	6	—
Ice Cream	...	...	...	...	...	...	14	13	1
Table jellies	...	...	...	...	...	...	7	7	—
Meat products	...	...	...	...	...	...	13	12	1
Preserves	...	...	...	...	...	...	14	11	3
Sugar confectionery	...	...	...	...	...	...	9	9	—
Soft drinks	...	...	...	...	...	...	10	10	—
Miscellaneous foods	...	...	...	...	...	...	12	10	2
Pickles and Sauces	...	...	...	...	...	...	7	7	—
Total	...	...	...	...	...	...	325	304	21



Details of the results of the 532 samples of milk taken under arrangements made by Mr. Holden are as follows :  
TABLE XXXIII.—NUMBER OF SAMPLES COLLECTED AND RESULTS OF EXAMINATION.

Designation.	No. of Samples Collected	Type of Examination.							
		Biological				Methylene Blue		Phosphates	
		Tubercle Bacilli		Brucella Abortus		Passed	Failed	Passed	Failed
		Neg.	Pos.	Neg.	Pos.				
Raw Milk from T.T. Herds ... ..	439	439	—	423	16	—	—	—	—
From Pasteurisation Plants :									
Heat Treated T.T. ... ..	23	—	—	—	—	23	—	23	—
Heat Treated Ordinary ... ..	47	—	—	—	—	47	—	47	—
Heat Treated Channel Island ... ..	23	—	—	—	—	23	—	23	—
Totals ... ..	532	439	—	423	16	93	—	93	—

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-1955.

Although no new schemes under these Acts have been submitted to the County Council for grant during the year, the question of grants on two schemes already approved (the Brighstone and Calbourne Sewerage Schemes) have formed the subject of consideration. It was not possible to agree a figure of grant with the applicant authority and in consequence the matter was referred to the Minister for determination in accordance with the provisions of the Acts. The Minister subsequently determined in favour of the applicant authority in respect of both schemes.

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the beginning of the year there was only one registration of premises under the above Act. During the year the proprietor asked to cancel this registration as she was leaving the Island. However, a further application was received from a person in the same district (Sandown) and premises were registered for the admission of ten children.  
Premises are inspected quarterly and the reports of the inspecting medical officer in 1960, all of which were satisfactory, were placed before the appropriate Committee.

Medical Examinations.

During the year 268 examinations were carried out by Medical Staff and the details can be summarised as follows :—

(1) Children in Care.

(a) Boarded-Out Children.

During the year 72 children were examined under the Regulations. These children are seen, whenever possible, in the foster home. This enables the medical officer not only to assess the physical condition of the child, but also the environment in which the child is being brought up. Any information that would be helpful to the general practitioner is passed on to him after the visit. Where visits to the foster home are not possible, the child accompanied by the foster parent, is seen in school or at Infant Welfare Clinics.

(b) Children in Council Homes.

i.e., on admission (by Local Medical Practitioners who visit the Homes).  
Annually by Local Authority Staff.  
Eighteen children were examined by the Medical Staff.

(2) Local Authority Staff.

(a) Superannuation medical examinations.

Number examined ... ..	108
Accepted ... ..	108
Failed ... ..	—

(3) Medical Examination of Teachers.

(a) Entrants to Training Colleges ... ..	47
(b) Entrants to employment as teachers by Isle of Wight Education Committee ... ..	23
	70
	—

MENTAL HEALTH SERVICE.

The most significant event of the year 1960 was the coming into full operation, on the 1st November, of the Mental Health Act passed in 1959, which, as anticipated in my report for that year, has radically changed the whole structure of the Mental Health Service. The emphasis is on the prevention of mental illness and the community care of the mentally disordered and, with this in mind, the Council have drawn up the following supplementary proposals for carrying out their duties under Section 28 of the National Health Service Act, 1946 :—

### 1. *General.*

These proposals are additional to the arrangements already approved by the Minister relating to the prevention of mental illness, the care of persons suffering from mental illness or mental defectiveness, and the after-care of such persons under Section 28 of the National Health Service Act.

The Council will make appropriate arrangements for the provision of services to meet the needs of the mentally disordered living in the community and will make the services known to and available to those who are in need of them. In particular, they will provide, or cause to be provided, if and when they are satisfied that such provision is requisite, junior training centres, adult training centres, home training, residential accommodation, day centres, social clubs and a home visiting service. The Council may make arrangements for the provision of services through voluntary bodies, other authorities or otherwise.

### 2. *Organisation and Staff of the Services.*

The Council will consider future developments in the staffing in relation to officers acting as mental welfare officers and arrangements for them to receive in-service training. Staff of all grades will be increased as necessary. The Council will take whatever measures are necessary, including secondment and in-service training, to ensure that their staff of all grades are adequately trained and/or qualified.

The need for additional training staff will be kept under constant review.

### 3. *Junior Training Centres.*

In addition to the existing arrangements the Junior Training Centres are expected to develop on the following lines:—

It may be possible, in the early stages of the implementation of the Act, to cater for additional children under 16 by making adjustments within the existing premises at 62, Crocker Street, Newport, and this possibility will receive consideration by the Council. Later, if separate arrangements for an adult training centre are made elsewhere, accommodation would be released for further juniors. Further places or centres will be provided if necessary.

### 4. *Adult Training Centres.*

The immediate demand for training of adults may be met for a short period by the erection of a further hut in the grounds of the Centre at 62, Crocker Street, and consideration will be given to this as a temporary expedient. Ultimately, a separate adult training centre may well be required, and the most suitable location for this centre will need to be considered carefully. In planning further training and accommodation for adults, thought will be given to the general position as to industry in the Island, and wherever possible an endeavour will be made to concentrate on the type of training which may enable at least some of the more capable adults to obtain some form of employment for all or part of the year. Where it is possible to find a market for a certain type of product, adequate allowance will be made in the training syllabus. Thought will also be given to the possibility of male adults going out by the day on agricultural or horticultural work under supervision, and receiving some basic training in this type of occupation. The Council's plans are expected ultimately to provide places for all suitable cases.

### 5. *Residential Accommodation.*

Consideration will be given, when the need is established, to providing hostel accommodation for any children or adults who would, but for such accommodation, be unable to attend training centres or ordinary or sheltered employment. Regard will also be had to the need to provide short or long term care, either in residential accommodation or by boarding out, for mentally disordered children or adults for whom suitable provision is not available in their own homes, or to help in their rehabilitation, and who are not considered to require treatment, nursing or training which can only be provided by the hospital authority. The elderly mentally infirm will receive early consideration.

### 6. *Home Training.*

Suitable arrangements for home training will be made, provided a number of home-bound children or adults is found who cannot by any other means be enabled to undergo suitable training at the centres or elsewhere.

### 7. *Day Centres, Social Clubs and other activities.*

The British Red Cross Society arrange Classes for physically handicapped persons and the possibility of participation in these arrangements insofar as the mentally disordered are concerned will be explored. Further facilities will be provided as necessary, either directly or by arrangement with other bodies or authorities.

### 8. *Home Visiting Services.*

Home visits by the Mental Health Adviser, Medical Officers, Welfare Officers and Health Visitors will continue. Home visiting staff will be increased as necessary. The Council will make such arrangements as may be necessary to allow them to take suitable training and will encourage them to do so.

In the early stages the main emphasis will fall upon the work of home visitors with a view to obtaining a clear picture of the extent of the problem of mental disorder in the county in relation to the provisions of the new Act. Already, a comprehensive register is held in the Council's health department of mentally disordered persons who have, for some reason or another, required the services of the mental health and welfare officers. It is anticipated that with the placing of greater emphasis on community care this register will enlarge considerably and will form the basis of planning the future work of the department.

### 9. *Guardianship.*

The Council has always, in the past, played its part in the placing and supervision of mental defectives under guardianship, and will accept its duty to exercise the functions under the Mental Health Act, 1959, in respect of persons placed under guardianship when these replace the functions under existing legislation.



### Administration.

The Mental Health Services of the Council are administered by the Mental Health Sub-Committee of the Health Committee, which during 1960 was composed of nine members of the Council together with three co-opted members. The composition of this Sub-Committee has now, however, been increased to fifteen, all of whom are members of the Council.

During the year, one additional mental welfare officer has been appointed, bringing the total number to four, one of whom is designated senior mental welfare officer and is responsible for the general co-ordination of their work. These officers are also employed as social welfare officers and about 60 per cent of their time is taken up by their duties in that capacity, about 40 per cent being spent on matters connected with mental welfare. The latter include such duties as arranging for the admission of patients to psychiatric hospitals where the assistance of a mental welfare officer is required (for example, where compulsion is considered necessary) and making suitable arrangements for the safety of any moveable property of such patients; and the supervision of mentally subnormal persons living in the community and rendering them such help and advice as may be needed from time to time. It is envisaged that a further increase in staff will become necessary as the services expand.

### Staff Training.

In-service training of the mental welfare staff has continued, and it is hoped to augment this in collaboration with the medical staff of local psychiatric hospitals.

### Co-ordination with the Hospital Service and General Practitioners.

The County Medical Officer and five members of the Health Committee attend the meetings of the House Committees of Whitecroft Hospital, Longford Hospital and St. Mary's Hospital, which facilitates close liaison with the hospital authorities. A good working relationship is developing between this authority's mental welfare staff and the staff of the hospitals concerned.

At the invitation of Dr. Gordon Brown, Medical Superintendent of Whitecroft Hospital, some fruitful discussions took place at the Hospital, with Dr. Davies-Jones, Mental Health Adviser, and Mr. Bowley, Senior Social Welfare Officer. It seems quite feasible that future developments in relation to training, occupational therapy, hostel accommodation, after-care and preventive work, by hospital and local authority can develop side by side and become complementary to one another. Dr. Gordon Brown has kindly agreed that the following comment be inserted in my report:—

“During the year 1960, 356 patients were admitted to hospital, 294 were discharged and there were 53 deaths. In the same period 460 new cases were seen as outpatients and there were 1,703 attendances on an outpatient basis.

The Mental Health Act, 1959, has come into operation from 1st November, 1960, and it is evident that the future trends in psychiatric treatment will be increasingly on prophylaxis. It is thought that more patients could be dealt with on an out-patient basis, which would involve help at home, and attendance at a Day Hospital when this is provided. If this part of the Act is going to be implemented as it should be it will be necessary to have the closest co-operation and understanding between the Local Health Authority and the Hospital Service.

A patient's illness is a continuous process evidenced in various phases. It cannot be sharply divided as regards supervision and treatment. Help must be given so far as it is required at every stage—preventive, in hospital if admission is considered necessary, and during convalescence adequate after care may prevent further breakdowns and thus save re-admission to hospital in a number of cases.

Reports from various parts of the country are divergent, but it would appear that the degree of success does depend to a large extent on the co-operation and goodwill that is established between the various authorities concerned in dealing with this matter. We are fortunate that on the Island we do have a very real measure of goodwill, and one can look forward to increasing co-ordination in our mutual efforts.”

Close co-operation also exists between the general medical practitioners and all members of the mental welfare staff.

### Duties delegated to Voluntary Associations.

The two cases under guardianship at Brighton and Hastings were supervised on our behalf by the Guardianship Society at Hove until the 1st November, when arrangements were made for the appropriate local health authorities concerned to take over this responsibility. There are no longer any patients supervised on behalf of this authority by a voluntary association.

### Account of Work undertaken in the Community.

#### (a) *Patients suffering from mental illness.*

The mental welfare officers who carry out the statutory requirements of the Mental Health Act, 1959, (as they formerly did in regard to the Lunacy and Mental Treatment Acts, 1890-1930, and the Mental Deficiency Acts, 1913-1938), dealt with 117 patients suffering from mental illness in 1960. The numbers dealt with in the preceding eight years are shown in the following table:—

Year	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960
Cases	67	75	90	86	88	93	151	123	117	117

Of the 117 patients referred to, 25 were found not to be in need of hospital care and were given such advice and assistance as was necessary. The remaining 92 patients were admitted to hospital as indicated:—



## Lunacy and Mental Treatment Acts, 1890-1930 :

Summary Reception Orders (certification) ... ..	5
Section 20 of the Lunacy Act (three days' observation) ... ..	52*

## Mental Health Act, 1959 :

Informal Admission ... ..	25
Section 29 (emergency admission for three days' observation) ... ..	10**

\*Three of these patients were subsequently certified, 39 remained as informal patients, five were discharged on the expiration of the Orders, four died and one was transferred to Rampton Hospital, Retford.

\*\*One of these patients was discharged the same day, one died a few days after admission, one became an informal patient and the remaining seven remained in the hospital for a period of 28 days observation in accordance with Section 25 of the Mental Health Act. Of these seven patients, one was subsequently discharged, three remained in the hospital as informal patients, two remained for a period of treatment on application made under Section 26 of the Act, and one died.

It will be seen from this that 68 of the 92 patients admitted to hospital ultimately remained as informal patients. There could scarcely be a clearer indication of the changing attitude to mental treatment.

(b) *Patients suffering from mental subnormality.*(i) *Ascertainment.*

Nine cases were added to the register in 1960. Of these, six were reported by the Education Committee under Section 57 of the Education Act, 1944, and three were reported from other sources, including one transferred from the mainland. The following tables give details of cases reported during 1960 :—

TABLE XXXIV.

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
<i>Referred by—</i>				
Local Education Authority ...	5	—	1	—
Local Health Department ...	—	1	—	—
Other Local Authorities ...	—	—	1	—
Other Sources ... ..	1	—	—	—
Totals ... ..	6	1	2	—

Action was taken as follows :—

TABLE XXXV.

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
Admitted to Longford Hospital ...	1	—	—	—
Placed under Supervision ...	5	—	2	—
Placed under Guardianship ...	—	1	—	—
Totals ... ..	6	1	2	—

The total number of cases supervised by this authority on 31st December, 1960 can be summarised as follows :

TABLE XXXVI.

	Male		Female	
	Under 16	Over 16	Under 16	Over 16
Receiving Home Visits ... ..	15	96	6	102
Guardianship ... ..	—	1	—	11
Totals ... ..	15	97	6	113

(ii) *Guardianship and Supervision.*

During the six months commencing 1st November, it was the duty of every local health authority to review all cases under guardianship and decide whether, in the light of the provisions of the Mental Health Act, 1959, their mental condition was such that they should remain under guardianship. This has now been done and as a result, a number of patients have been discharged from guardianship. As this review was not completed until early in 1961 there was no great change in the numbers under guardianship at the end of 1960.

Regular contact is maintained with the patients under guardianship, all of whom live on the Island, and every assistance is given on matters affecting their welfare. Whenever possible, suitable employment is found for them with employers having an understanding of their particular problems, and four have been in regular attendance at the Training Centre in Newport.

The 219 patients under supervision are also visited from time to time, the frequency of the visits depending on the circumstances of each case, and such help and advice is given as may on occasion be needed.

In addition there are five patients residing on the Island who are the responsibility of a mainland authority and supervised by us on behalf of that authority.

The mental welfare officers have taken over from the health visitors the responsibility for supervising all subnormal patients in the community in addition to those patients discharged from psychiatric hospitals requiring after-care by the authority.

(iii) *Admission of Patients to Hospital.*

During the year, arrangements were made for the admission of three subnormal patients (two males and one female) to Whitecroft Hospital, the woman being subsequently transferred to Longford Hospital. In addition, one child, a boy, was admitted temporarily to the Catherine Bowen Home at Havenstreet for the period of his mother's confinement.

(iv) *"Place of Safety."*

It has not been found necessary to admit any patient to a "Place of Safety" during the year.

(v) *Training Centre.*

The excellent work of the Training Centre has continued during the year and represents a most valuable contribution to the facilities provided for the mentally subnormal. On the 31st December, 29 pupils were on the Register and this number has since been increased to 38. All children under the age of 16 are attending the Training Centre unless we are fully satisfied that they are receiving adequate training elsewhere in the light of their particular circumstances.

Since many of the pupils attending are well above school leaving age, attention is devoted to such subjects as carpentry and concreting for the senior boys, and sewing and domestic training (washing, ironing, cleaning silver, dusting, table laying, etc.) for the senior girls, in addition to the more usual subjects taught at a Junior Training Centre such as reading, writing, plasticine modelling, drawing and painting, etc. Rug making and weaving also play quite a big part in the training of the senior pupils, both boys and girls, and a number of very good rugs and carpets have been made. Due attention is also given to physical training, dancing, miming, singing, etc., and the services of a part-time pianist have been engaged in connection with these activities.

The services provided for the pupils include regular medical inspection, dental treatment, meals and milk, on similar lines to those in operation in ordinary schools. Transport facilities are provided wherever necessary.

In May, the pupils were taken by coach to London to visit Kew Gardens, and in spite of very indifferent weather had a most enjoyable time. The annual Christmas party was held in December and as usual was a great success. The guests included the Chairman and several members of the Health Committee and two representatives of the Dulcet Singers, who presented to the Centre a cheque for £17, towards the cost of a record player.

The Supervisor and Assistant Supervisor both attended a one-day course in London during the year, held under the auspices of the National Association for Mental Health, which they found both interesting and instructive.

## NATIONAL ASSISTANCE ACT, 1948.

### Administration.

The County Council has delegated to the Health Committee its statutory functions under the National Assistance Act, 1948. The day to day administration is under the general direction of the County Medical Officer who is also County Welfare Officer. He is assisted in his duties by the Senior Social Welfare Officer and three Assistant Social Welfare Officers, the clerical staff of the Welfare Section, and the Hostesses and staff of the five Council Guest Houses. The Isle of Wight Society for the Blind are the Council's agents for the welfare of the blind, and the Hampshire, Isle of Wight and Channel Islands Association for the Deaf are the agents for the deaf and dumb.

### Welfare Services for the Aged.

#### *General Social Welfare.*

Voluntary organisations have continued to show a great interest in elderly people resident in the Council's Guest Houses, and their activities are very much appreciated by the old people.



The St. Lawrence Dene Amenities Association was formed and has since organised a successful fete, which realised £175. On the 22nd July, the Association arranged a very enjoyable coach trip to the West Wight for the residents. The Handicrafts Class was held again during the winter and rugs, etc. were made for sale at the fete.

The Isle of Wight Rotarians presented a television set to Polars Home, and the Newport Rotary Club donated a chiming wall clock.

The Friends of Osborne Cottage gave a Christmas Party for the residents and spent over £76 on additional amenities for the Home. Mrs. Daish, a resident at the Home, made a cot cover for the baby Prince Andrew, and this was presented to the Queen on behalf of the Home. A letter of thanks was received from Her Majesty.

A most successful fete, opened by Mrs. Woodnutt, was held at Inver House, on the 11th August, and the profits amounted to £77.

#### *Chiropody.*

All residents in the Council's Guest Houses can receive chiropody as necessary. Arrangements are made for a chiropodist to visit the Guest Houses once or twice a month, according to the need.

#### *Isle of Wight Old People's Welfare Association.*

I am indebted to Miss B. Filley, Hon. Secretary of the Isle of Wight Old People's Welfare Association for the following information.

"The Association consists of a County Committee and several local committees. The chief work of the County Committee is to spread information to the local committees and to promote work and the formation of new local groups in those areas where as yet there are none. It also seeks to combine the efforts of all Associations and Societies already working among the elderly and to avoid overlapping of effort, as there is a very natural tendency for each society to consider that they are doing all required. Another attitude found is that the work should be directed only to those who need financial help, or those suffering ill health.

#### *Activities.*

In March an elderly couple were escorted to Beckenham by ambulance. Several visits were made in the Bembridge area to try to solve the problem of keeping gardens tidy when the tenant has become too old to care for it, and help was arranged from a neighbouring village in the late summer. In addition, visits are paid regularly to many old people in the various areas.

The Secretary attended the National Old People's Welfare Council Conference for Secretaries of County and County Borough Committees, held in October, and the Citizens' Advice Bureau School at Winchester. The Visiting Organiser for the Ryde Group attended a special Course in London, arranged by the National Council.

A fete was arranged in June to raise much needed funds but the result was disappointing.

A stand was held at the Island Industries Fair in April, and assisted in arousing local interest in the work of the Association.

In February, 106 cwts. of coal were distributed to as many addresses. This happened in the middle of a cold spell and at a time when coal prices were high, and it was therefore much appreciated. The Association was able to carry this out through a donation of £50 from the Licensed Victuallers' Association.

Flag days were held by four groups and various sums were raised. By 31st March the four groups had each given the County Committee £50 to meet the debt resulting from the Chiropody Service, which ended in June, 1959. A limited chiropody service was restarted in Ryde and Newport.

The real value of ordinary friendly visiting is not generally recognised ; but it is the foundation of all social work. Only the friend, visiting regularly, can know the real need of the elderly person, whether lonely, house-bound or apparently active and living with his or her family. Such needs as shopping, letter writing, changing a library book, or even a game of cards can be carried out by the friend. The need for more help in the way of some house decorating or gardening, arranging a holiday or escorting on a journey can be arranged and carried out by local Groups of the Association.

Through the co-operation of the Association with all statutory and voluntary bodies, both at local and national level, engaged in social welfare work for the elderly much needed help can be obtained without undue delay in trying to find out the right person or place to whom to apply. That is why we wish to work in association with all already engaged in work of this nature. Also why we ask for volunteers—men as well as women—to undertake friendly visiting. If you are already caring for your own elderly relatives and friends please let us know any special problems over which we may be able to help.

The local Honorary Secretaries are as follows :—

Cowes—Mr. H. Vine, "Woodpeckers," Baring Road, Cowes.  
 East Cowes—Mrs. D. Denton, 25, Ferry Road, East Cowes.  
 Newport—Mrs. Fowler, 13, Cypress Road, Newport.  
 Ryde—Mrs. Morewood, Keep Hatch Cottage, Ashey Road, Ryde.  
 Shanklin—Mrs. Wheeler, 49, Wilton Park Road, Shanklin.  
 County Association—97, Carisbrooke Road, Newport."

#### *Meals on Wheels Service.*

The Women's Voluntary Service continue the good work in carrying out this scheme on behalf of the Council by supplying approximately 20 elderly people in the Newport area and approximately 12 in the Ryde area, with a hot meal once a week. During the year, the service was extended to Shanklin and about 10 elderly persons now enjoy the benefit of weekly meals in that town.



A comprehensive survey of the need for this service over all other areas of the Island was carried out during the year by the Welfare Officers, and it is quite clear that this service will have to be extended as and when circumstances allow.

It would appear that an increase in the number of meals deliveries in the areas already covered would be more advantageous than embarking upon further schemes in other parts of the Island.

**National Assistance Act, 1948.**

**Part III—Section 21.**

The accommodation provided under this section in the Isle of Wight at 31st December, 1960, can be summarised as follows :—

Directly by the County Council :

1.	St. Lawrence Dene, Ventnor	For 51 elderly persons.
2.	Elmdon, Shanklin	For 28 elderly persons.
3.	Polars, Newport	For 30 elderly persons.
4.	Blind Home, Newport	For 26 elderly and blind persons.
5.	Osborne Cottage, East Cowes	For 38 elderly persons.
6.	Inver House, Bembridge	For 18 elderly persons.

By agreement with the Isle of Wight Group Hospital Management Committee, 19 beds (7 male and 12 female) at St. Mary's Hospital, Newport, were made available for the accommodation of elderly persons during the year, but in December this number was reduced to 12 (all female), the seven male residents being found alternative accommodation in a voluntary home or in lodgings.

*Temporary Accommodation.*

Temporary accommodation is also made available in the County Council Guest Houses, and in St. Mary's Hospital, for people who have been rendered homeless as a result of fire, flooding, or other unforeseen circumstances. During the period under review it was not necessary to provide any such accommodation for the purpose in question.

*Section 26.*

The authority also maintains 12 aged persons in accommodation provided by voluntary organisations, viz :—

W.V.S. Residential Club, "The Briars," Sandown	...	...	...	...	...	6
Church Army Home for Aged Men, Newport	...	...	...	...	...	5
Southern Railway Home, Woking	...	...	...	...	...	1
						—
						12
						—

**Welfare Arrangements for Handicapped Persons.**

**Blind.**

I am indebted to Mrs. N. B. Taylor, Secretary of the Isle of Wight Society for the Blind for the following information.

*Registration.*

The number of registered blind persons on 31st December, 1960, was 250 (95 males and 155 females) compared with 242 (96 males and 146 females) on 31st December, 1959. During the year, 37 new cases were registered (9 males and 28 females) in addition to 7 being transferred to the Island. The ages of the blind population are shown in the following table :—

TABLE XXXVII.

0—1 <i>year</i>		2—4 <i>years</i>		5—15 <i>years</i>		16—20 <i>years</i>		21—39 <i>years</i>		40—49 <i>years</i>		50—64 <i>years</i>		65 <i>years</i> <i>and over</i>	
<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>	<i>M</i>	<i>F</i>
—	—	—	—	5	3	1	—	11	4	9	3	17	16	52	129

The following table shows the diagnosis of cases registered, those recommended for treatment, and the number taking advantage of treatment :—

TABLE XXXVIII.

	Cause of Disability		
	Cataract	Glaucoma	Others
(1) Number of cases registered of which paragraph 7(c) of form B.D.8. recommends—			
(i) No treatment ...	6	6	15
(ii) Medical, surgical or optical treatment ...	8	1	1
(2) Number of cases in (1)(ii) above which on follow-up have received treatment	—	—	—

Employment.

At the end of the year, 17 blind persons (14 male and 3 female) were usefully employed and the following table gives details of the employment :—

Open Industry or Self-Employed :—

Clerks and typists	...	...	...	...	...	2 female
Tea agents and shopkeepers	...	...	...	...	...	4 male
Gardener	...	...	...	...	...	1 male
Masseur	...	...	...	...	...	1 male
Ministers of religion	...	...	...	...	...	1 male
Piano tuner	...	...	...	...	...	1 male
Caretaker	...	...	...	...	...	1 male

Home or Workshop Employment :—

Machine knitter	...	...	...	...	...	1 female
Basket worker	...	...	...	...	...	1 male
Boot repairer	...	...	...	...	...	1 male
Braille copyist	...	...	...	...	...	1 male
Weaver	...	...	...	...	...	1 male
Mat maker (Workshops, Portsmouth)	...	...	...	...	...	1 male

Handicrafts Classes.

Handicrafts classes are held twice a week in the Summer House at the Island Home for the Blind, Newport, once a week at the British Red Cross Society premises in Ryde, and once a week at the Mill Hill Methodist Church Room, Cowes.

General Social Welfare.

Several blind persons and their escorts were given a free fortnight's holiday in residential homes and also privately.

Talking books, wireless sets, coal, food and clothing were given to those in need. Subscriptions to the National Library for the Blind are paid for fifteen readers.

On the 31st December, 24 blind persons were resident in the Blind Home, Newport.

Ophthalmia Neonatorum.

One case of this disease was notified during the year.

Blind Persons with other Disabilities.

TABLE XXXIX

Deaf		Deaf and Dumb		Hard of Hearing		Mentally Disordered		Paralysis		Cardiac		Diabetic		Other	
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	4	—	—	2	2	5	6	—	—	—	—	—	—	—	17

Partially Sighted.

Registration.

On the 31st December, 1960, the number of registered partially sighted persons was nine males and eight females. During the year, seven new cases were registered (2 men and 5 women). Below is a table showing the age groups :—

TABLE XL.

0—1		2—4		5—15		16—20		21—49		50—64		65 and over	
M	F	M	F	M	F	M	F	M	F	M	F	M	F
—	—	—	—	—	2	—	2	4	—	1	1	4	3

Deaf and Dumb (including Hard of Hearing).

The Rev. R. G. Young, Secretary of the Hampshire, Isle of Wight and Channel Islands Association for the Deaf, who are the agents for the welfare of the deaf, has submitted the following report on the year's work :—

“The Club Room at Newport was closed when “Easthill” Home for the Deaf was opened in May, 1960. In order to give the Island deaf people an opportunity for social recreation “Easthill” is an open house on Saturday afternoons and evenings. The Superintendent, Mr. W. H. Styan and his wife, are always in attendance and arrange various activities for them. There has been a course of First Aid Lectures which have been of great interest to the deaf and dumb people and to the residents. Special certificates are to be presented by the Island County Commissioner of the St. John Ambulance Brigade. Church services are held in the lounge once a month and for Communion services the members have been taken to the Parish Church.

The Superintendent has visited the 20 deaf and dumb people and has obtained employment for two young people. He is also in regular touch with Parkhurst Prison where there are two deaf and dumb men.

Miss E. A. Smith, Welfare Officer from Southampton, has visited 53 hard of hearing people on the Island. This visiting may in future be done by Mr. Styan.

The Secretary is at the moment considering the individual needs of hard of hearing people in conjunction with Mr. Bowley and Miss Smith. In most cases the hard of hearing people only need an occasional social visit and are not in need of a social centre.

About 12 people are interested in lip-reading classes and attend those arranged by the Association under the direction of Miss D. M. Wale, and in co-operation with the Welfare Department. The Association bears the cost of transport for Miss Wale.”

		Age Under 16	Age 16—64	Age 65 and over
DEAF	Male	1	9	2
	Female	2	6	2
HARD OF HEARING	Male	—	5	3
	Female	—	19	20

NOTE.—The number of hard of hearing people does not, of course, represent all known to us in the Island, but those we consider are in need of some form of welfare service. Visits have been made and names subsequently removed from the register where people have died, or gone away, or have asked not to be registered.



Physically Handicapped (General Classes).

Registration.

On 31st December, 1960, 149 persons were registered as handicapped persons. The following table shows the classifications :—

	Total.
Amputations ... ..	4
Arthritis and rheumatism ... ..	25
Congenital malformations and deformities ... ..	9
Diseases of the digestive and genito-urinary systems ; of the heart or circulatory system ; of the respiratory system (other than tuberculosis) and of the skin ... ..	18
Injuries of the head, face, neck, thorax, abdomen, pelvis, or trunk. Injuries or diseases (other than tuberculosis) of the upper and lower limbs and of the spine ... ..	16
Organic nervous diseases, epilepsy, disseminated sclerosis, poliomyelitis, hemiplegia, sciatica, etc.	39
Other mental and nervous conditions ... ..	22
Tuberculosis (respiratory) ... ..	12
Tuberculosis (non-respiratory) ... ..	1
Diseases and injuries not specified above ... ..	3
	149

Welfare of the Handicapped.

During the year, a large number of handicapped persons were visited by the Welfare Officers, and a good deal of advice on social and other problems was given in many cases.

Major adaptations were carried out to two properties occupied by handicapped persons. In one case a downstairs bathroom and toilet was installed to assist a young woman suffering from severe poliomyelitis. In the other instance, a man who suffered spinal injuries as the result of an accident at work, causing complete paralysis of the lower part of the body, was supplied with lifting chairs, ramps and handrails in his house, and also a concrete runway and kerb crossing externally for his motor propelled wheel chair. The cost of all this work was borne by the County Council.

Disabled Persons Clubs.

The four British Red Cross Clubs at Newport, Ryde, East Cowes and Freshwater, continued to function well throughout the year. Approximately 50 members are on the roll of the Clubs, in which handicapped people make jewellery, soft toys, rugs and basket work. It is reported that the standard of finished work has risen considerably during the year, and a stand at the Island Industries Fair in April resulted in a substantial amount of goods being sold to the general public.

Residential Care and Training.

During the year, one physically handicapped patient was admitted to Enham Alamein Village Centre, Andover, for a rehabilitation course.

On the 31st December, 1960, the Council maintained eight handicapped persons in the following homes :—

Royal Hospital and Home for Incurables ... ..	1
Greathouse, Kington Langley ... ..	1
Roper Home for the Deaf ... ..	2
Chalfont Epileptic Colony ... ..	2
Lingfield Epileptic Colony ... ..	1
Easthill Home for the Deaf ... ..	1

Future Policy.

The amount of domiciliary visiting of handicapped persons by Welfare Officers has increased during the year. A number of disabled persons attend the handicrafts classes run by the British Red Cross Society. There are, however, a number of such persons who are homebound and every effort is made to help them in their social problems as they arise, and also to assist in the marketing of any goods they can produce. In this respect, voluntary organisations can render valuable help. It is recognised that the problem of adjusting oneself to being handicapped is considerably eased if the person concerned can be helped to feel that he can make a useful contribution to the community, however small, quite apart from the fact that any goods which he is able to produce help to augment his income.

Part IV.

Section 37—Registration of Premises.

Two applications were received for the registration of premises as Homes for Aged and/or Disabled Persons. One was registered at the end of the year, having fulfilled the conditions as laid down under this section, and the remaining one has deferred registration temporarily. Two Homes relinquished registration during the year.

*Section 47. Removal of Persons in need of Care and Protection.*

No action was required during the year under this section.

*Section 48. Temporary Protection of Property of Persons admitted to Hospitals, etc.*

The Council accepted responsibility for the protection of the effects of fourteen patients during the year.

*Section 50. Burial or Cremation of the Dead.*

It was not found necessary during the year for the Council to accept responsibility for the burial of any person under this section of the Act.

*Boarding-Out of the Aged.*

The boarding-out of certain types of people has proved satisfactory so far. These are elderly people who prefer to retain their individuality rather than be admitted to an old persons' home, and become "one of many." Arrangements are made to find them either a bed-sitting room, if they are capable of looking after themselves, or accommodation with full board, sometimes sharing a bedroom with another old person. As the majority of these elderly people are in receipt of National Assistance, and it is very difficult to find suitable accommodation for £3 10s. per week, this being the maximum the National Assistance Board will allow for board and lodgings, in addition to pocket money, many long hours are spent by the Welfare Officers endeavouring to find kindly landladies who will give shelter to these old folk. "Follow-up" visits are necessary and are made frequently by the Officers, who are able to sort out many little problems, thereby keeping a friendly liaison.

On the 19th November, 1960, the Chairman of the Health Committee made an appeal in the Isle of Wight County Press for householders to take in elderly persons under the Council's Boarding-Out Scheme. As a result of the appeal, the names of 12 householders were added to the list of persons participating in the scheme. Further arrangements for publicity will be made from time to time.

When all suitable persons on the Council's Part III waiting list have been boarded-out, it is envisaged that the various District Councils will forward to the Welfare Authority a list of elderly persons on the Housing List who require Boarding-Out accommodation. The Council's Welfare Officers will then place as many as possible of these persons with suitable householders.

*Statistics.*

During 1960 :—

Number of persons boarded-out	...	...	...	...	...	35
Number of persons who left Boarding-Out accommodation	...	...	...	...	...	19

On 31st December, 1960 :—

Number of persons in Boarding-Out accommodation	...	...	...	...	...	16
Number of householders participating in Boarding-Out scheme	...	...	...	...	...	40

The scheme meets a definite need and as such is working well. There is no reason why it should not continue to make a useful contribution towards the housing of those who, through old age and lack of help from relatives, are no longer able to live in their own homes.





